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OF THE
MUSEUM OF GUY'S HOSPITAL.

ORGANS OF DIGESTION.



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ORIGINAL CATALOGUE OF DR. HODGKIN, F.R.S., &c.,

BY
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ORGANS OF DIGESTION.

SALIVARY GLANDS.

1784²⁵. Tumor removed from the parotid region.

Case of M. A. A., under Mr. Hilton, July, 1850.

1784³⁰. Glandular tumor from the parotid region. The tumor was removed from a man aged 20, and had been growing for several months; its structure was that of a lymphatic gland infiltrated with low organized product. The wound soon healed.

Case of Mr. Birkett's, July, 1853.

1784³⁵. Fibro-cartilaginous tumor from the parotid region; the tumor was composed chiefly of fibres, and here and there cartilage.

Case of Henry S., aged 29. He had received a blow at the position of the tumor; the growth gradually increased in size; he convalesced favourably. Case of Mr. Birkett's, March, 1854. See Drawing, No 197⁶.

1784⁴⁰. Calculus from submaxillary gland.

Removed by Mr. Swift of Walworth, and presented by him.

1784⁴⁵. Calculus from the duct of the sublingual gland.

Presented by Mr. Callaway.

1784⁴⁶. Growth from soft palate, of warty character and pedunculated; it was removed with a small portion of the mucous membrane by Mr. Birkett, from the right pillar of the fauces, January, 1851. The patient was ignorant of its existence.

1784⁴⁷. Small warty growth removed from the soft palate. It was removed by Mr. Birkett from a surgeon, aged about 28, who was not aware of its existence.

1784⁵⁰. Polypus from the pharynx; the tumor sloughed off. Case of Mr. Birkett's, August, 1851.

James G., aged 16, a delicate red-haired lad; the growth had existed three or four years.

1784⁵⁵. Polypus from the pharynx, removed by ligature. Case of Mr. Birkett's.

The patient was a strong healthy sailor. The period of growth could not be ascertained. See Drawing 282⁵⁰.

1784⁷⁰. Pharynx and a portion of œsophagus, showing a preternatural pouch in the former about $1\frac{1}{2}$ inch in diameter; the opening into it is about half an inch in diameter, and its edges are puckered.

From Langstaff's Museum.

1784⁷⁵. Warty growths on the lining membrane of the œsophagus. A dried preparation.

Langstaff's Museum.

1784⁸⁰. Tongue and pharynx of a child. The fauces were much inflamed, and there was an abscess of considerable size in the left side of the neck, but it had not formed any communication with the respiratory or alimentary passages. The preparation shows the remains of several abscesses.

John P., aged 10. The mother and two other children of the family had scarlet fever, but this child does not appear to have had any rash or increased heat of skin; the kidneys were mottled, pale, and degenerated, and the urine in the bladder coagulable.

6. Green Insp. Book, p. 153.

1784⁹⁰. Pharynx presenting superficial ulceration, from a patient who died from hydrophobia.

Case of Samuel W. L. 12. Misc. Inspec. Book, p. 28.

1784⁹⁵. Contraction of the pharynx; there is a small puckered cicatrix, probably following ulceration.

1785. Sloughing cancer of the pharynx, involving the whole of the lower part of the canal.

1785²⁵. Cancerous ulceration of the pharynx, and the upper part of the œsophagus.

Presented by Mr. Thomson.

1785³⁵. Cancerous ulceration of the pharynx, with external openings and diseased glands.

1785⁴⁰. Carcinoma affecting the whole of the lower part of the pharynx.

From a patient, aged 46, who died from gangrene of the lung.

1785⁵⁰. Pharynx and œsophagus, with carcinomatous ulceration at the termination of the former, in which there are several nodular fungoid excrescences; the lining membrane at the commencement of the œsophagus is detached, forming an irregular flap.

1785⁶². Pharynx with a broad superficial carcinomatous ulcer; the cricoid cartilage denuded and irregular; some of the glands are infiltrated with cancerous products.

Case of Margaret D., aged 30. She died the day of admission into the hospital.

17. Misc. Insp. Book, p. 232.

1785⁷⁰. Tongue, soft palate, and pharynx; the whole of the pharynx is much thickened, the soft palate is converted into a firm, nodulated, semi-cartilaginous mass from cancerous infiltration; there is a sloughing cavity on the right side of the pharynx, and much glandular enlargement; there was also old thickening of the pleura, and a small vomica at the apex of the lung.

Case of Mary B., aged 31, admitted into Mary ward under Dr. Addison's care in 1855. She had difficulty in swallowing for two months, and at last it became impossible.

Record of Inspection, 1855, No. 233.

1785⁷⁵. Pharynx and commencement of the œsophagus, with large pedunculated fungoid excrescences at the termination of

the former. The larynx was pushed forward, causing a prominence resembling incipient bronchocele, rising and falling with the movements of deglutition; deglutition was performed with some difficulty, and there was some pulsation occasioned by the carotids. A portion of one of the tumors came away by the mouth during life, and disclosed the nature of the affection.

Case of Ann M., patient of Dr. Bright's. See Prep. 1774⁵⁰, and Drawing 283.

- 1785⁷⁶. Pharynx and commencement of the œsophagus, showing several united cancerous masses, which completely obstructed deglutition.

Case of Charlotte W., aged 32, admitted February, 1856. She was an anœmiated woman, who had been out of health for a year; for three months experienced great difficulty in swallowing, and for several days dysphagia had become extreme. The growth could not be felt from the mouth, nor could a bougie be passed. She died from acute inflammation of the larynx. The growth consisted of epithelial cancer.

See Guy's Reports, 1856, p. 225. Record of Inspection, 1856, No. 56.

1786. Œsophagus and stomach of a child who was poisoned by sulphuric acid. The part of the stomach most affected is that portion of the larger curvature which is immediately opposite to the termination of the œsophagus.

Presented by Mr. T. Hardy.

1787. Œsophagus of a person poisoned by sulphuric acid. There are numerous shreds of membrane on the surface, in part arising from separation of the mucous membrane and from coagulable effusion.

- 1787⁵⁰. Adventitious lining of the œsophagus, stated to have been vomited by a young person, a patient of Dr. Bird's.

1788. Œsophagus and stomach, from a person poisoned by sulphuric acid; the mucous membrane is apparently destroyed.

1789. Œsophagus with short but sloughy marked stricture about an inch and a quarter from its commencement; the mucous membrane appears healthy, but there is considerable dense white deposit between it and the muscular coat.

- 1789⁴⁰. Œsophagus presenting, opposite the bifurcation of the trachea, an irregular puckered ulcer, involving the whole circumference of the canal, and leading to considerable obstruction; the aperture only sufficiently large to admit a director; above the stricture the œsophagus was much dilated; the stomach was contracted.

Case of Elizabeth C., aged 54. She died in the Lambeth workhouse with gradually increasing obstruction to deglutition. Prep. 1777³¹ shows ossific pleural membranes.

See Bryant's Cat., p. 24, No. 48.

- 1789⁵⁰. Œsophagus of a lad about two inches above the cardiac extremity; the parietes of the œsophagus are thickened, the mucous membrane contracted, and apparently cicatrized for the space of an inch and a half. There is an absorbent gland in the neighbourhood of the stricture, adherent to the walls of the canal. The boy had had difficulty of swallowing from infancy, and a bougie was passed occasionally.

- 1789⁶⁰. Œsophagus, contracted from carcinoma fibrosum, dilated above; a gland is situated at the lower part.

Presented by Mr. Tibbet.

- 1789⁷⁵. Œsophagus ulcerated and cicatrized, supposed to be the result of sulphuric acid. The œsophagus was much dilated below the stricture; there was also an abscess behind the stricture containing four ounces of fluid, and communicating with the œsophagus. The patient had granular kidneys. He lived four days after admission into Guy's, but the particulars respecting the time the acid was taken are not known.

Case of John L., aged 33. 17. Misc. Insp. Book, p. 60.

1790. Œsophagus with stricture, supposed to be cancerous disease; it was situated about three inches from the commencement, and accompanied by ulceration of the mucous membrane. The patient died from inanition, and no disease could be detected in other parts.

1791. Œsophagus affected with carcinomatous ulceration, by which

a communication has been formed between it and the trachea, &c.

1792. Œsophagus affected with extensive cancerous ulceration, extending into the lung, which is extensively sphacelated.

From John C., aged 55. A few days before his death he expectorated a considerable quantity of black highly offensive fluid; there were several cysts in the kidneys, but no other carcinomatous disease.

2. Green Insp. Book, p. 44.

- 1792²⁰. Œsophagus affected with extensive cancerous ulceration, extending into the lung and the bronchi; there is a large old gangrenous cavity at the apex, communicating with the opening into the œsophagus.

Case of George D., aged 45. 11. Green Insp. Book, p. 89.

- 1792²⁵. Œsophagus, with cancerous ulceration a little above its termination in the stomach; the neighbouring portions are considerably thickened; the œsophagus is perforated in two places, and communicates with the lung.

Presented by Mr. Cock.

- 1792⁵⁰. Œsophagus perforated by carcinomatous ulceration, and communicating with the left lung.

1793. Œsophagus affected with very extensive carcinomatous ulceration, and opening into the trachea.

- 1793⁸. Portion of the œsophagus presenting cancerous ulceration.

- 1793¹⁶. Œsophagus extensively ulcerated from cancerous disease, which has perforated the trachea about its centre, and also extends into the neck.

Presented by Mr. Towne.

- 1793²⁰. Carcinomatous ulceration of the œsophagus, several inches in extent, communicating by a free opening with the larynx and the trachea at its commencement. Tracheotomy was performed, as shown at the anterior part of the specimen.

Case of Frances P., aged 32. She was admitted into Charity ward, July, 1849, and appeared to be dying from asphyxia, when Mr. Poland performed tracheotomy. Her life was prolonged for three months.

- 1793²⁵. Œsophagus, showing about its centre a large cancerous ulcer extending into the trachea; a small portion of lung, presenting a carcinomatous tubercle, is shown with the œsophagus.

Case of Charlotte S., aged 38, admitted under Dr. Barlow's care, April 9, 1855, and died April 17. She had been a servant at Peckham, and had been ill for six months; she was extremely emaciated, and unable to swallow any food; the attempt to swallow was followed by regurgitation into the nostrils. The œsophagus and lung presented the appearance shown in the specimen; the bronchial glands were infiltrated, and there was a small cancerous tubercle in the kidney; the growth was composed of cancer cells.

See Drawing 283⁶⁵. Record of Inspections, 1855, No. 68.

- 1793³². Œsophagus, with extensive carcinomatous ulceration opposite the bifurcation of the trachea; some lymphatic glands are enlarged at the side of the œsophagus and trachea.

From a lady beyond the middle period of life, who had long suffered from symptoms of stricture of the œsophagus, which was supposed to have been occasioned by swallowing an angular piece of sugar. See Prep. 1780³² of scirrhus tubercles on the pleura.

Presented by Mr. Samuel Hallam.

- 1793³³. Epithelial cancerous disease of œsophagus, showing the pneumo-gastric destroyed and the pericardium perforated. The pancreas and portion of liver affected with similar cancerous disease. See Prep. 1988⁷⁶. So also suprarenal capsule.

Jane B., aged 60, admitted August, 1855. She had been ill for nine months; the first symptom was dysphagia. On admission, a tumor could be felt at the scrobiculus cordis; vomiting was sometimes very distressing. She gradually sank.

Record of Inspection, 70, 1856. Guy's Reports, 1856, p. 224.

- 1793³⁴. Cancerous disease of the œsophagus opening into the trachea.

Case of John R., aged 50, admitted March, 1856. He was brought to Guy's dying from apnoea. Mr. Callaway performed tracheotomy, but he died in a few hours. About three inches below the commencement of the œsophagus was an irregular ulcer, with raised irregular edges; its base opened into the trachea; there was pneumonia at the base of the right lung, and the kidneys were granular.

Record of Inspection, No. 55, 1856. Guy's Reports, 1856, p. 223.

- 1793³⁵. Cancerous disease of the œsophagus, extending nearly its

whole length, and destroying the whole calibre of the tube; the ulceration extended through the diaphragm, and formed an irregular sloughy cavity behind the stomach, and had a small secondary opening into the stomach; it extended into the left bronchus, and there was a sloughy vomica at the left apex.

Case of George W., aged 53, admitted under Dr. Habershon's care, September, 1856. Symptoms of dysphagia came on six weeks before death.

Record of Inspection, 173, 1856.

1793⁴⁰. Œsophagus obstructed by a portion of pudding, taken from a child aged two years.

1793⁴⁸. Lower half of the œsophagus, with the cardiac opening into the stomach. The lining cuticle has been removed to a considerable extent, apparently by digestive solution; that portion which lines the opening into the stomach still remains, and there are several portions of membrane scattered in the other portions of the tube.

1793⁵⁰. Œsophagus deprived of its cuticle, in lines discolored and slightly gelatinous, the effect of gastric juice.

The patient, James D., aged 22, died from phthisis and hæmoptysis.

See Drawing 283²⁵ of œsophagus; 303²⁵ of stomach.

1793⁶⁴. Small portion of œsophagus near the diaphragm; it is deprived of its cuticle, and perforated by gastric juice, which had also slightly corroded the surrounding tissues.

From W. M., aged 39, who died from acute inflammation of the pia mater and arachnoid, with effusion into the ventricles, after a blow on the head.

5. Misc. Inspec. Book, p. 17.

1793⁸⁰. The lower end of the œsophagus, divided throughout the whole of its textures by gastric solution; the tissues of the posterior mediastinum were also much dissolved, and the left pleura perforated; the contents of the stomach had entered the pleura, and the posterior edge of the lung was denuded of its serous membrane.

Case of Elizabeth B., aged 19, who died from typhoid fever, with ulcerated intestine. See Prep. 1784²⁰ of the lung and pleura.

5. Misc. Inspec. Book, p. 1.

STOMACH.

1793⁹⁰. A portion of the cardiac extremity of the stomach, dried, and presenting a small pouch from the mucous membrane.

1794. Stomach, presenting hypertrophy of the mucous and muscular coats, probably from chronic inflammation.

Case of S., a man about 50 years of age, originally a sailor, subsequently a tailor. He had been long addicted to intoxication, which often brought on fits of insanity. Three or four months before his death he began to complain of pain in the stomach, at first unaccompanied by sickness; the sickness which subsequently came on was never very considerable, but he had difficulty of deglutition; and latterly could swallow nothing but liquids; his bowels were constipated, and his emaciation was great. The cavity of the stomach was extremely contracted; the coats are as remarkably thickened; the mucous coat and the submucous cellular tissue are three to four lines in thickness, and the muscular layer much hypertrophied.

Presented by Mr. M. W. Casson, Hull.

1794⁵⁰. Stomach, the mucous membrane of which is mammillated.

1794⁵⁵. Stomach, the mucous membrane of which, near the pylorus, is remarkably mammillated; at this part the follicles of the stomach were hypertrophied; portions of mucus are coagulated and adherent to the mucous membrane.

From Isabella M., aged 19, who died from peritonitis after tapping a multilocular ovarian tumor.

Record of Inspection, 1854, No. 203.

1795. Stomach, showing hour-glass contraction about its centre.

1796. Stomach, showing hour-glass contraction about the centre; the peritoneal surface at that part is thickened and white.

Presented by Sir Astley Cooper.

1796²⁵. Portion of stomach, presenting a small polypus growing from the mucous membrane; it consisted of the elements of mucous membrane.

From Hannah B., aged 41, admitted April, 1856, and died from inflammatory softening of the brain, with pneumonia, &c. On the day of her death she had been found in her bed in a comatose condition.

Record of Inspection, 74, 1856.

- 1796⁵⁰. Pyloric extremity of a stomach, showing the pouch-like convexity at the greater curvature near the pylorus. This is not an unfrequent condition, and is probably not abnormal, but would be increased by obstruction at the pylorus.

Presented by Dr. Stoud.

- 1796⁵⁵. Portion of the cardiac extremity of the stomach, presenting a small hernial pouch of the mucous membrane.

Case of Sarah F., aged 66, a single woman, a servant. She had been of regular habits, but had not enjoyed good health; five days before death was seized with pyrexia, sore throat, &c., and died from suppuration external to the larynx.

New vol. Inspections, I., p. 203.

1797. Stomach of a man who died from hæmatemesis; the stomach appears healthy.

- 1798³². Stomach of a person who destroyed herself by taking arsenic. The stomach is large; the mucous membrane thinned at the greater curvature, dissolved and partially abraded at the other parts.

- 1798⁶⁴. Portion of coagulable lymph, found in the stomach of a young man who had accidentally taken arsenic; it had a membranous appearance, and received the impression of the rugæ of the stomach, and presented numerous bright bloody spots, although there was no visible breach of substance in the surface of the stomach.

The patient, aged 16, had taken, the day before his death, a piece of cheese charged with arsenic to destroy rats; and a portion of this cheese was involved in the substance found in the stomach; he took the cheese before his dinner, and after his meal vomiting and pain came on; he survived 26 hours. The mucous membrane of the stomach showed extensive and bright injection, especially the rugæ; there was diffused injection of the duodenum; the œsophagus and peritoneum were healthy; the mucous membrane of the large intestine was pale, but congested at the lower part of the rectum; the mesenteric glands were much enlarged. See Drawing, 290.

8. Green Inspec. Book, p. 92.

- 1798⁸⁰. Portion of the stomach of a person who had taken arsenic, and survived for 13 hours. There is a large oval tumid

patch, coated with mucus and adherent poison; the inflammation very acute, and some echymosis remains; beside the appearance of intense inflammation of the stomach, there were a few circumscribed patches of inflammation of the jejunum; there was injection, in less degree, in the cœcum; the rest of the large intestine was healthy.

Case of Harriet H., aged 25. See wax model, No. 59.

9. Misc. Inspec. Book, p. 45. Guy's Reports, vol. ii., 1837, p. 68.

1799. Stomach of a person poisoned by sulphuric acid. The mucous membrane of the œsophagus and stomach are almost entirely destroyed.

1799²⁰. Stomach of a woman poisoned by sulphuric acid. The acid destroyed the mucous membrane along the lesser curvature and towards the pyloric extremity of the stomach, but left the fundus free; the mucous membrane at the former parts had separated as a slough, and was attached at one extremity; the œsophagus was only slightly affected.

Case of Charlotte D., aged 55, a woman of weak intellect. She drank a wine glassful of dilute sulphuric acid before breakfast, on October 5, and died on the 16th. There was vomiting of blood and purging, but no complaint of pain. She died unexpectedly. The colon and small intestine were acutely inflamed.

Record of Inspection, No. 182, 1855. See Drawings, 304⁵ and 318¹¹.

1799²⁵. Stomach and œsophagus of a man who poisoned himself by sulphuric acid.

Case of William V., aged 56, admitted October 28th, 1856, and died on the 31st. The acid, about 3 iii., was taken by mistake; the mouth was brown in color. The patient walked up stairs, did not appear to suffer much, nor were the symptoms apparently very severe; he died unexpectedly on the third day. The pyloric half of the stomach was blackened, the membrane raised in sloughy ridges consisting of carbonized mucous membrane and blood. The fundus was softened; the coats of the œsophagus were very much swollen, and the rugæ slightly acted on by the acid.

Record of Inspection, No. 211, 1856.

1799³². Stomach and œsophagus of an old man who was poisoned by sulphuric acid; the mucous membrane is irregularly flocculent, charred, and perforated.

See Drawing, No. 304.

1799³⁵. Stomach after poisoning by chloride of zinc; exceedingly contracted, only five inches in length; ulcerated near the pylorus and near the œsophagus; at the latter part there was a pouch-like portion of the mucous membrane of the stomach adhering to the spleen and perforated; an abscess was formed, bounded by the stomach, diaphragm, and spleen, and containing about three ounces of dirty pus; at the pylorus, in the centre of the ulcerated part, was a second perforation, but extravasation was prevented by adherent omentum and transverse colon; the other portion of the mucous membrane was contracted, and in several parts cicatrized; the muscular coat was considerably hypertrophied; a portion of œsophagus showed partial destruction of the mucous membrane.

Case of Sarah R., aged 22, admitted into Guy's under Dr. Wilks' care, December 24, 1856, and died January 9, 1857. Twelve weeks before admission she had taken about a table-spoonful of Burnet's disinfecting fluid; violent vomiting of mucous and afterwards of bilious fluid came on, and purging; she did not suffer pain, but in a day or two was able to move about the house; the vomiting after food, however, continued, and everything was ejected about five minutes after having been taken. About one week before death she complained of pain in the left hypochondriac region, and soon afterwards appeared exceedingly ill; collapsed sunken eye, but no pain or distension of the abdomen. Pneumonia of the lower lobe of the left lung was found, in addition to the condition of the stomach described.

Record of Inspection, No. 5, 1857.

1799⁴⁶. Cardiac end of the stomach, softened and perforated, said to be ruptured.

The patient, M. C., aged 24, was a cabinet-maker of intemperate habits. For many months he had complained of pain in the epigastric region, sickness, loss of appetite, and flatulence. At a public supper at 9 p.m. he complained of sickness, and vomited; he was seized with pain at the epigastrium and great difficulty of breathing, the countenance became anxious, and the abdominal muscles contracted; at 2 a.m. an emetic was administered, composed of tartarized antimony and ipecacuanha—this produced no effect; at 7 a.m. the face and neck were emphysematous, another emetic was administered and an injection of salts used; at 10 a.m. the stomach pump was used, and he died at noon. Examination twenty hours after death:—There was general emphysema, the stomach was distended with gas; on opening the chest the stomach collapsed; a rent was found in the œsophagus as it passed through the

diaphragm, and was filled with ingesta. In the preparation the rent extends into the cardiac extremity of the stomach; the cardiac extremity was softened by digestion of its coats; the left lung was contracted, and the fluid in the left pleura had castor oil floating on its surface; the posterior mediastinum was partially dissolved; there was recent lymph in the pericardium; both lungs were much congested; the intestines were distended with gas.

Presented by Mr. Curtis. 19. Misc. Insp. Book, p. 80.

1799⁵⁴. Cardiac orifice of the stomach; the mucous membrane flocculent, and detached from gastric digestion after death.

1799⁶⁴. Portion of a stomach and œsophagus. The mucous membrane of the former is softened, and the mucous membrane separating in shreds and corrugated; the submucous tissue contains an opaque spherical tubercle one-fourth of an inch in diameter.

From Benjamin D., aged 45, a worker in white-lead. Admitted into Guy's in a state of stupor, with occasional delirium. The pulse was slow; he became more delirious and comatose, and died apparently from fever with cerebral complication; the brain was large and dry, the lungs gorged, kidneys healthy; the change in the stomach was probably the result of post-mortem digestion.

1. Note Book, p. 168. Dr. Bright's cases, vol. ii., part i., p. 370.

1800. Enlarged and thickened stomach of a sailor, who had swallowed clasp knives.

J. C. was an American sailor, 23 years of age, who in June, 1799, swallowed four clasp knives; three were discharged from the bowels. In March, 1805, he swallowed fourteen knives in two days; in December, 1805, he swallowed fifteen to twenty more; making thirty-five swallowed at different times. His health became impaired; he vomited the handle of one, and passed portions of the blades of others; and in March, 1809, he died in a state of extreme exhaustion. In the abdomen there was a general discoloration of the intestines; one blade was found, perforating the colon opposite the kidney, but without extravasation of fæces. Another blade was transversely fixed in the rectum; in the stomach were numerous blades of knives, partially dissolved. "The œsophagus at its lower part, and the upper orifice of the stomach, were thicker than natural. The left extremity of the stomach, where the spleen adheres to it, had its usual texture; but the right was exceedingly thickened. The rugæ, in the mucous membrane, were unusually prominent; and there were granulated projections from the

edges of the rugæ. This membrane was still slightly colored by the steel; the pylorus was natural, but the duodenum had a greater thickness than usual."

See Preparations, 963 and 964.

Dr. Marcet's account in the Med. Chir. Trans.

1801¹⁰. Portion of stomach. The mucous membrane is thickened; it presents a small irregular superficial ulcer on one of the rugæ, with several others scattered over the mucous membrane.

1801²⁵. A portion of a stomach, showing two small superficial ulcers on the surface. In the smaller of the two, the open mouth of a small artery may be observed.

Case of Butler. Job Ward, December 31, 1846.

1801³⁰. A portion of stomach, presenting a small superficial ulcer at the left extremity of the stomach. A bustle is passed into an open artery, which had been divided by the ulceration, and had led to fatal hæmatemesis.

Case of Charles R., aged 57, a stout man, admitted on account of hæmorrhoids, and who died unexpectedly from hæmorrhage from the stomach. See coagulum from duodenum, 1817⁶⁵.

18. Misc. Inspec. Book, p. 268.

1801³². Inverted stomach, with a well-defined depressed ulcer, with clean edges, about the middle of the lesser curvature. The mucous membrane is everywhere thickened, granular, and was deeply injected, but free from abrasion.

Case of William F., aged 50. He had led a life of considerable irregularity and hardship, being by occupation a courier; he was spare and debilitated. He was brought to Guy's for an ulcer on the leg, and had also symptoms of diseased heart; but those of disease of the stomach were such as not to attract particular attention. On inspection, he was found to have pericarditis, thickening of the mitral and aortic valves. The stomach was of a diffused orange-red color, and presented the ulcer seen in the preparation. The rest of the alimentary canal was congested. The liver was described as healthy, but the kidney was in a state of advanced disease. See Model 56.

9. Green Inspec. Book, p. 74.

1801⁶⁴. Stomach somewhat contracted, and presenting extensive

ulceration near the pylorus, and along the lesser curvature, apparently of chronic character.

From a middle-aged woman, who had laboured under great want and hardship, and had suffered from obstinate irritability of the stomach.

1802. Inverted stomach, showing the destruction of the mucous membrane of rather more than the middle third of the organ; the edges of the remaining mucous membrane are well defined. It has been probably produced by solution from the gastric juice. The stomach is contracted at its centre.

- 1802¹². Stomach, of which the cardiac extremity is greatly distended and attenuated. The mucous membrane is, to a great degree, softened and removed; and the other coats perforated by a large opening, the effect of digestion.

From James B., aged 23. He was admitted with lumbar abscess, and became gradually more and more prostrate; but the day before his death he was seized with vomiting. He afterwards became convulsed, and continued insensible till his death. On inspection, there were recent adhesions between the layers of the arachnoid, and considerable puriform effusion beneath it. There was subarachnoid puriform effusion at the base of the brain, and throughout the whole length of the vertebral canal, and a communication with the lumbar abscess. There were vomicae in the lungs. The left pleura contained dirty fluid, with oil floating upon it, which appeared to be derived from a communication with the stomach, which was found to exist. The mucous membrane of the stomach, as far as it was left undissolved, appeared healthy. The rest of the alimentary was healthy.

See Drawing of the Brain, 74. 7. Green Insp. Book, p. 16.

- 1802¹⁵. Stomach, of which the whole of the cardiac extremity is destroyed by gastric solution. The margin of the opening was of a brownish-green color, very thin, and semi-diffuent.

From Catherine N., aged 3, affected with acute meningitis and lobular pneumonia. Inspection was made 22 hours after death.

Record of Inspection, 19. 1856.

- 1802²⁴. Stomach perforated at its cardiac extremity by digestion.

1802²⁵. Stomach, presenting several irregular ulcerations at the lesser curvature of the stomach; the mucous membrane undermined. These apparent ulcerations were probably produced by gastric solution.

From Edwin E., aged 19, who died, after amputation of the foot, from pyæmia.

Report of Inspection, 110. 1854.

1802³⁶. Stomach with one large, and two or three small ruptures in the mucous membrane. The stomach was prodigiously distended by recent coagulum of blood.

Case of Henry G., aged 40, who died from aneurism of the aorta bursting into the œsophagus.

8. Green Inspec. Book, p. 4.

1802⁶⁵. Portion of stomach, showing local suppuration in its coats near the pylorus.

Case of Eliza T., aged 40, a married woman, a hospital nurse. She had been complaining of pain in her limbs and back for a fortnight, and for a few days had also pain in the chest and stomach; the symptoms of peritonitis then came on, with constant vomiting and thirst; death was preceded by stupor. The peritoneum contained very offensive pus; the stomach presented, near the pyloric third of the greater curvature, a thickened firm mass, measuring $4\frac{1}{2}$ inches by $3\frac{1}{2}$; the mucous membrane of the stomach was inflamed and dotted with spots of echymosis, and an irregular dark brown patch about half an inch in diameter was found near the pylorus, corresponding to the centre of the thickened mass. There was effusion of pus between the muscular and mucous coats in the submucous cellular tissue; the intestines were distended with gas; the posterior part of the right lobe of the liver was dark, congested, echymosed, and lacerable; there was a small polypus in the rectum.

Inspections, New vol. i., p. 197. See Preparation of rectum, 1883⁸⁰.

1802⁷². Portion of stomach near the cardiac extremity, with numerous very minute ulcers, follicular.

From Mary M., aged 40, who died with pleurisy after a severe burn; she only survived the burn one day. The duodenum contained some bilious fluid; the mucous membrane of the ileum was somewhat injected.

12. Green Inspec. Book, p. 26.

1802⁷⁵. Portion of stomach; presented very numerous minute ulcerations of the stomach, follicular.

Case of Susan K., aged 67. Admitted with general anasarca, albuminous urine, and irregular pulse. A short time before death, vomiting of dark-colored fluid came on.

Report of Inspections, 1854, No. 129.

- 1802⁷⁹. Superficial ulceration of the stomach, from a patient affected with phthisis and melasma supra renale.

From James M., aged 64, a man of dissolute and intemperate habits, admitted April, 1854, exceedingly anæmiated; he gradually sank. Disorganization of the lung was found on inspection, the supra renal capsules atrophied.

See Prep. of renal capsules 2022⁸, and Drawing 353¹¹.

Record of Inspections, 1854, No. 149.

- 1802⁸⁴. Stomach in which there is a wide deep chronic ulcer, perforating all its tunics, situated near the middle of the smaller curvature superiorly; there was adhesion to the liver, and the patient is said to have died from some other complaint.

1803. Stomach, presenting a large chronic ulcer perforating its coats, but filled up by adhesion to the liver and pancreas. The patient died of tubercular phthisis, and had formerly been affected with constant vomiting.

Presented by Mr. C. A. Key.

1804. Small chronic ulcer in the stomach with adhesion to the pancreas. From a man who had served in the Walcheren expedition, and was ill afterwards till his death.

- 1804⁵⁰. Portion of the pyloric portion of the stomach, presenting an extensive chronic ulcer; the mucous membrane at the ulcerated part is destroyed; the muscular coat apparently entire; partial cicatrization had taken place.

From Margaret M., aged 50, a hospital nurse, who had several times been suspected to have had hernia. Thirty-six hours before death symptoms of peritonitis came on; on inspection it was found that there had been old pelvic inflammation between the rectum and uterus; there was slight constriction, and fœcal abscess which had led to the fatal peritonitis. There was effusion of blood beneath the peritoneal surface of the liver, 1909³⁰.

2. Misc. Inspec. Book, p. 80.

1805. Stomach, having a large oval ulceration perforating all its coats; the ulcer is situated near the lesser curvature, and appears to have been closed by adhesion to the neighbouring parts.

Presented by Mr. Avrill.

- 1806⁴. A portion of stomach, the coats of which are perforated by an ulcer having greatly everted edges; the mucous membrane is covered by thick mucus; the aperture was probably closed by peritoneal adhesions.

- 1806⁸. A portion of stomach presenting a small ulcer, chronic in character and perforating all the coats; the opening in the mucous membrane is seen to be much larger than that in the muscular and peritoneal coats.

- 1806¹². Stomach, with a small ulcer at the lesser curvature which has led to perforation; there is a slight thickening of the surrounding parts; the opening through the peritoneum is observed to be much smaller than that in the mucous membrane; it is round, as if "punched out;" the mucous membrane generally is thickened, granular, and rugous.

From a middle-aged man of rather intemperate habits, who died very suddenly; he had previously complained of slight indigestion. He was a servant who had been a considerable time out of place, but not reduced to indigence.

Presented by Mr. Window.

- 1806²⁴. Stomach with a small ulcerated opening in the lesser curvature; the opening in the mucous membrane clean, defined, and circular, larger than in the other coats; there is a smaller similar ulceration of the mucous membrane near the former.

From M. A. P., aged 20, a needlewoman in distressed circumstances. She had occasional nausea and craving for food, but could not take much; she had one or two attacks of pain in the abdomen, which were referred to undigested food; sudden very intense pain in the abdomen came on, especially in the right iliac region, and she died in forty hours. On examination, the whole of the alimentary canal, except the stomach, was found healthy.

See Drawing of stomach, No. 298. 8. Green Insp. Book, p. 73.

1806²⁵. Stomach with an ulcer, which had led to perforation and death from peritonitis in twenty hours; a smaller ulcer extending into the muscular coat, is observed near the perforation.

Case of Hannah B., aged 28, a milliner. She had suffered from slight symptoms of dyspepsia.

Presented by Mr. May. See Guy's Reports, 1855.

1806³⁶. Stomach with an ulcerated opening in the smaller curvature, about one-third from the pylorus; it is considerably larger internally than externally; somewhat nearer to the cardiac extremity is a small ulcerated spot, in which the mucous membrane only is destroyed.

1806⁴⁸. Stomach with two chronic ulcers, one perforating all the coats, the other only the mucous membrane.

1806⁶⁰. Stomach with an ulcerated opening in the lesser curvature; on the internal surface the mucous membrane is destroyed for a considerable distance, nearly two inches in length; the ulcer appears to be of a chronic character; the opening into the peritoneum was obstructed by adhesions; the mucous membrane of the stomach is thickened and granular.

From a steady and abstemious young woman, aged 22, a housemaid, who for three or four months had complained of pain in her left side, uneasiness after meals, considerable flatulency, and habitual constipation.

1. Note Book, p. 169. Presented by Mr. Tipple.

1806⁶¹. Cicatrix near the lesser curvature of the stomach; the parietes thickened.

Case of James H., aged 55, patient of Mr. Hilton's, who died after amputation of the elbow.

Report of Inspections, 1854, No. 254.

1806⁶⁸. Pyloric extremity of the stomach presenting three cicatrices, which were thin, smooth, and rather firm.

1806⁶⁹. Stomach exceedingly contracted, and presenting several chronic ulcers; the mucous membrane was thickened and fibrous, and presented several villous growths projecting

from the surface; the muscular coat also was exceedingly hypertrophied.

Case of Thomas F., aged 34, patient of Dr. Habershon's. He had been ill for a year, suffering from vomiting, pain at the stomach, and emaciation. On admission his emaciation was extreme, and he only survived for a few days. On inspection, the lower lobe of the right lung was found in a state of red hepatization, but there was no evidence of cancerous disease either by general or microscopical examination.

See Drawing of the stomach 296²⁰. Record of Inspection, 1854, 142.

- 1806⁷⁰. Portion of stomach near the lesser curvature, presenting three ulcers, one nearly an inch and a half in length, and covered by a portion of sloughing membrane resting upon a fibrous base; the sides of the ulcer raised and slightly thickened.

Stephen F., aged 51, admitted April 11, suffering from albuminaria and chronic pleuro-pneumonia; bronchitis came on, and he died in a short time, April 20.

Record of Inspections, 1855, No. 69.

- 1806⁷². Portion of the stomach and duodenum; the pylorus is considerably thickened, and there is an ulcer on the first portion of the duodenum; the disease of the pylorus consists in hypertrophy of the muscular coat, without much thickening of the mucous or submucous tissue.

Case of Ann L., aged 32, who died from anasarca and granular kidneys, but did not present any evidence of cancer.

5. Green Inspec. Book, p. 27.

- 1806⁷⁵. Pylorus showing considerable hypertrophy of the muscular coat, with fibroid degeneration of cellular tissue; with it is another portion of the same stomach, showing slightly raised growth, consisting of hypertrophy of the mucous membrane.

Case of Griffith G., aged 62, admitted under Dr. Hughes' care in an exceedingly prostrate and anæmiated condition; he was a weaver at Bethnal Green, his skin dusky in color. Four months before death his legs swelled, and violent pain at the stomach came on; insuperable diarrhœa came on and continued till death; the urine was not albuminous; the colon was found ulcerated.

See Drawing of face 159⁶¹; of stomach 298⁵⁰.

Report of Inspections, 1854, No. 112.

1807. Carcinomatous ulceration of the cardiac extremity of the stomach. The ulcerated surface is about three inches in length, with raised thickened edges; there is considerable thickening of the muscular and submucous, as well as the mucous coat above the stricture.

1808. Cancerous disease of the stomach; the ulcerated surface is exceedingly extensive, and reaches the œsophageal opening.

1808⁵⁰. Pylorus exceedingly contracted from chronic disease, described as scirrhus; there is considerable infiltration of firm white tissue between the muscular fibre of the pylorus.

From Mr. S., aged 43, a man of intemperate habits, who suffered from vomiting, gradually increasing emaciation, and exhaustion; a tumor could be felt near the umbilicus, and the stomach was much distended.

Mr. Bryant's Col., No. 15, p. 9.

1809. Cancerous disease of the pyloric extremity of the stomach; the growth involves all the coats of the stomach, and is beginning to ulcerate.

Presented by Sir A. Cooper.

1810. Cancerous disease of the pylorus; the opening at the pylorus is almost closed; the stomach is greatly distended.

1810⁵⁰. Cancerous ulceration of the pyloric extremity of the stomach; there is firm adhesion to the liver and pancreas.

Mr. Bryant's Cat., No. 3, p. 4.

1811. Extensive carcinomatous ulcer at the pyloric extremity of the stomach; the ulceration has extended quite through the walls of the stomach.

1811²⁵. Cancerous disease of the pyloric extremity of the stomach; some parts of it have the appearance of areolar or colloid cancer, but the surface is quite flocculent, and presents an aggregation of delicate processes. (Villous.)

1811³⁶. Cancerous ulceration affecting the whole mucous membrane

of the pylorus; there is considerable thickening and degeneration of the muscular and subperitoneal coats.

Case of John L., aged 62. There were old pneumonic cavities at the apices of the lungs, and some cancerous tubercles beneath the pleura.

19. Misc. Inspec. Book, p. 215.

- 1811⁵⁰. Portion of stomach, at the pyloric extremity of which there is considerable cancerous ulceration, affecting the mucous membrane and subjacent coats. The gall bladder is firmly attached by old adhesions to the stomach, and is considerably thickened.

Presented by Mr. Wollaston, Tottenham.

1812. Portion of stomach, presenting at the pyloric extremity extensive cancerous ulceration. The edges of the growth much raised.

Case of J. D., aged 72. On inspection, small carcinomatous tubercles were found beneath the pleura; there were also pneumonia and gangrene of the lung; the glands in the posterior mediastinum were infiltrated; there were tubercles also on the peritoneum; and cancerous disease of the left supra renal capsule and adjoining glands. See Prep. of renal capsule, 2022; of atheromatous aorta and semilunar valves, 1420 and 1462.

Red Inspection Book, p. 166.

- 1812¹⁶. Portion of a stomach, with cancerous disease of the pylorus, and partial peritoneal adhesion.

Presented by Sir A. Cooper.

- 1812³². Stomach, the parietes of which are universally thickened by carcinomatous deposit; the mucous membrane is nearly half an inch in thickness. The muscular coat is hypertrophied, and the submucous and subperitoneal tissues infiltrated; near the lesser curvature there is ulceration, and the mucous membrane is separated in the form of dark ragged slough; the neighbouring glands were infiltrated. The patient was fifty years of age.

See 8th Green Inspec. Book, p. 103. Presented by Dr. Babington.

- 1812⁴⁸. Portion of stomach, with considerable cancerous ulceration

at the lesser curvature. The peritoneal surface has contracted firm adhesion to the neighbouring parts. The œsophageal opening appears contracted.

Cat., 29, 7. Brookes' Collection.

1812⁶⁴. Portion of stomach, with cancerous ulceration of the smaller curvature near the pylorus. The peritoneal coat has contracted firm adhesions to the neighbourhood of the pancreas, which is stated to have been also diseased.

Cat., 41, 7. Brookes' Collection.

1812⁸⁰. Stomach affected with cancerous disease near the pyloric extremity. The growth has the appearance of several rounded tumors surrounding the outlet.

The patient, William W., was affected about thirteen months previously with ascites and hepatitis, for which paracentesis was performed.

1813. Considerable and extensive cancerous disease of the stomach near the pylorus. (Scirrhus.) There is slight ulceration; the muscular coat is considerably thickened, and the subserous tissue infiltrated.

From a patient of Dr. Back's.

1813⁷. Scirrroid pylorus. The mucous membrane is thickened, and the muscular tissue much hypertrophied.

Presented by Dr. Alderson of Hull.

1813¹⁴. Stomach affected with gelatiniform or colloid cancer. The mucous membrane is nearly half an inch in thickness, and presents cells filled with clear jelly-like fluid; this thickening is most marked near the pylorus. The whole of the muscular layer is considerably thickened, especially at the pylorus. The œsophagus is also hypertrophied.

W. C., aged 57, admitted under Dr. Bright. He complained of pain midway between the umbilicus and scrobiculus cordis, with slight tenderness, accompanied with nausea. He had an attack of erysipelas, recovered, and left the hospital; soon afterwards the stools became white, and occasionally tinged with blood. He stated that the food he swallowed was regurgitated before it reached the stomach. There was contraction of Glisson's capsule; the gall bladder, and part of the cystic duct, were obliterated; the rest of the alimentary canal was healthy.

1. Misc. Inspec. Book, p. 48.

1813²¹. Stomach affected with colloid or gelatiniform cancer at the pyloric extremity. The stomach is completely divided, and the sections beautifully show the disease of the mucous membrane, and the change of the submucous and muscular coats.

Presented by Sir A. Cooper.

1813²⁸. Portion of stomach affected with colloid cancer. The preparation is very similar to 1813²¹, but the disease has presented itself upon the peritoneal surface. The preparation is in some parts discolored by the action of lead.

Presented by Mr. Jackson.

1813²⁹. Stomach affected with colloid or gelatiniform cancer. The stomach was very much contracted, and its walls were three-quarters of an inch in thickness; the outer or muscular layer was a quarter of an inch in thickness, semi-transparent, and divided by white bands continuous with the submucous tissue. The mucous membrane itself consisted of minute colloid cysts, containing clear gelatinous fluid, most distinctly observed on the inner surface of the stomach. The whole mucous membrane had a pulpy honeycomb appearance. The pylorus was not thicker than the rest of the stomach, but the hypertrophy of the muscular coat extended the whole length of the œsophagus; some of the glands at the lesser curvature are enlarged. The fluid from the colloid cysts contained large cells filled with several nuclei, and were surrounded by very delicate tissue. The vessels of the stomach were rendered quite patulous.

Elizabeth T., aged 37, admitted into Guy's, 1850. She had been a servant, and had been out of health for four months, but twelve months previous to admission had jaundice; she was somewhat emaciated, and had a sallow, aged, and very haggard expression of countenance; she complained much of flatulent distension of the abdomen, with sensation of sinking; after eating, she suffered much pain, but this was most severe after taking fluids. There was occasional vomiting, or rather regurgitation, of thin, glairy, gelatinous fluid. She became drowsy, semi-jaundiced, and gradually sank. There was colloid cancer of the ascending colon.

See Guy's Reports. 1855.

- 1813³⁰. Colloid cancer of the stomach and omentum, the latter forming a hard mass, which extended across the abdomen.

Case of John C., aged 47, admitted under Dr. Barlow's care. A month before admission he began to experience pain at the scrobiculus cordis; vomiting came on, with costiveness and gradual emaciation; a tumor could be felt extending across the abdomen, which was the ridge of the diseased omentum. Drawing 465²⁵.

See Guy's Reports, 1855, page 127.

New Vol. Insp., Vol. IV., p. 116.

- 1813³³. Stomach, and part of the œsophagus, showing colloid cancer affecting the œsophageal extremity.

Presented by Dr. Lever.

- 1813³⁵. Pyloric extremity of the stomach, with enlarged glands encroaching upon it. The glands are infiltrated with cancerous product, and there is commencing ulceration of the stomach. The muscular coat at the pylorus is considerably hypertrophied, and the mucous membrane thickened.

Case of Susan V., aged 45. For many months before her death had complained of weakness and loss of appetite, but for only three months had she suffered from vomiting. A tumor could be felt to the right of the umbilicus. The body was greatly emaciated; there were medullary tumors found in the liver, spleen, and beneath the pleura. In the uterus were several firm globular tubercles imbedded in its substance, but projecting from its surface. The inguinal and lymphatic glands were enlarged. See Prep. 472⁷⁶ of thyroid body.

8. Misc. Inspec. Book, p. 135.

- 1813⁵⁵. Stomach everted, with a quill passed through the contracted pylorus. (Scirrhus.) The mucous and submucous coats at the pylorus are much thickened, and the muscular coat hypertrophied. There is also some ulceration of the adjoining mucous membrane.

Case of William P., aged 48, a woollen-dyer, who had drank freely of spirits. Three years before his death he began to complain of pain at the stomach. For two years he suffered from vomiting, which came on about two hours after food. He became exceedingly emaciated. On inspection, the stomach was the only part found diseased.

2. Note Book, p. 31. Presented by Mr. Norris.

1813⁵⁸. Carcinoma of stomach. A large ulcer is situated at the cardiac end of the stomach, and the muscular fibres of the œsophageal opening are much hypertrophied. The lymphatic glands at the lesser curvature, and on the spine, are affected with medullary carcinoma, involving also the gall-bladder and liver. The aorta is seen to be invested on either side by a chain of these diseased glands. The omentum forms a thick contracted mass.

Presented by Mr. Callaway.

1813⁶⁶. Carcinomatous ulceration of the stomach, extending from the œsophageal opening to the pylorus. In some parts all the coats are destroyed. The stomach has contracted firm adhesions to the liver, which contains cancerous tubercles; the pancreas is also invaded. The lymphatic glands are enlarged and diseased. The left kidney is very much atrophied, and the supra renal capsule said to have been affected.

Presented by Mr. A. Tweedie.

1813⁷⁰. Stomach, presenting a large villous growth from its surface. It consisted of delicate villous processes filled with granules and nuclei. There was hypertrophy of the pyloric orifice; no cancer of any organ. The liver was in a state of advanced cirrhosis.

Case of Isabella D., aged 65, admitted July, 1855, under Dr. Addison's care. Seven weeks before death, the legs began to swell, afterwards the abdomen. Diarrhœa, great prostration, and partial coma, came on before death.

Record of Inspec., 1855. No. 145.

1813⁸². Portion of stomach, presenting three carcinomatous (?) growths. One flattened, and perhaps ulcerated; another is pedunculated. From a woman who was upwards of seventy years of age. From the Dissecting Room.

1814. Pyloric extremity of the stomach, the mucous membrane of which is ulcerated. Adherent to the external surface is a large gland, described as scirrhus.

1815. Portion of the stomach and colon. Near the pylorus was a large medullary cancerous growth, and it had extended by a small ulcerated opening into the transverse colon. A portion of lung from the same case is put up with the intestine; it shows iron grey induration, with cretaceous masses and minute tubercles.

Case of John T., aged 67, admitted under Dr. Hughes' care, 1855. A year before death symptoms of dyspepsia came on; he gradually emaciated; a tumor could be felt at the scrobiculus cordis; he suffered severe pain after taking food, but no vomiting. The abdominal aorta and vena cava contained an ante-mortem clot. See Prep. 1852⁸⁰.

Record of Inspec., 1855. No. 170.

1816. Stomach, and part of the colon, showing the mucous membrane much thickened, and the muscular layer hypertrophied; probably the effect of chronic inflammation.

From a sailor, aged 66, addicted to excess in drinking; his symptoms had been constant and great emaciation. See Prep. of kidney and ureter, 2024.

Presented by Mr. Hardy, Jun.

- 1816⁵⁰. Stomach, and part of the colon. The stomach is everted, and shows at the pylorus great thickening of the mucous membrane, with hypertrophy of the muscular coat. Near the pylorus is a tumor, apparently composed of the mucous membrane enormously thickened. It is described as the result of chronic inflammation.

1817. Dried portion of mucous membrane of stomach, presenting several emphysematous globules, probably the result of post-mortem decomposition.

- 1817²⁵. Stomach of a child. The mucous membrane is detached and lacerated in a remarkable manner from a sudden blow, while the stomach was full.

Case of John C., aged 7. An omnibus had passed over his body, and fractured the thigh. Soon after admission, vomiting of blood came on, and continued till death. On inspection, three-quarters of a pint of blood was found in the peritoneum, and a small quantity was found behind the pancreas. The right lobe of the liver was lacerated.

19. Misc. Inspec. Book, p. 349.

SMALL INTESTINES.

DUODENUM.

1817⁵⁰. Portion of the duodenum, having a small pouch or cul de sac, about two-thirds of an inch long, and about one-third of an inch in diameter. It is principally formed by distension of the mucous membrane. It is situated at the pyloric side of the opening of the bile duct.

1817⁶⁵. Coagulated blood from the duodenum, produced by ulceration of the stomach, which laid open an artery.

William R., aged 57, admitted into Guy's for hæmorrhoids, and died suddenly from hæmatemesis. In the stomach was a small follicular ulcer with an open artery at its base. See Prep. of stomach, 1801³⁰.

18. Misc. Inspec. Book, p. 268.

1817⁷⁵. Portion of the duodenum with stomach; the former perforated by post-mortem solution. The mucous, muscular, and peritoneal coats are all dissolved, and the contents of the intestine were extravasated into the peritoneum.

Case of William B., aged 4, admitted July, 1856, under Dr. Habershon's care, with symptoms of hydrocephalus. The child died comatose one week after admission. Tubercles were found in the pia mater, and lymph was effused. There was tubercular deposit also in the lungs, liver, spleen, kidneys, bronchial and mesenteric glands.

Record of Inspec., No. 141. 1856.

ILEUM.

1818. Portion of the ileum, with a pouch about three inches in length.

1819. Portion of the ileum, with a diverticulum about an inch and a half in length.

1819¹⁰. Portion of the ileum, with a small diverticulum about an inch and a half in length, connected by an old and perhaps congenital adhesion; it was situated about two feet above the valve.

7. Green Inspec. Book, p. 78. Case of John B., aged 32.

1819¹². Small globular diverticulum of the ileum attached to the mesentery, and bounded on either side by a valvular fold of the mucous membrane.

1819¹³. Diverticulum of the ileum.

1819¹⁴. Diverticulum of the ileum, with a valvular fold of mucous membrane at its orifice.

1819¹⁵. Diverticulum of the ileum, 54 inches from the cæcum.

1819¹⁷. Diverticulum of the ileum.

1819¹⁸. Diverticulum of the ileum.

1819¹⁹. Elongated diverticulum of the ileum.

1819²⁰. Portion of the ileum with a small diverticulum projecting from it laterally, and bound down by adhesions to the mesentery; it was situated about nine inches from the valve.

Case of William C., aged 19; died from phthisis; there was slight ulceration in the small intestine.

10. Green Insp. Book, p. 17.

1819³⁰. Portion of the ileum with a diverticulum about three inches in length, it appears to have been partially bound down by a prolongation of the mesentery; it was situated about a foot from the ileo-cæcal valve.

1819⁴⁰. Diverticulum of the ileum of considerable length, and bulbous termination.

1819⁴⁴. Small diverticulum from the ileum.

From Mr. Bryant's Collection. See Cat., No. 158, p. 111.

1819⁴⁶. Portion of ileum with a diverticulum.

Case of Samuel E., aged 49. 11. Misc. Inspec. Book, p. 48.

1819⁵⁰. Portion of dilated ileum with a large and much distended diverticulum; a strong round band, several inches in length, passed from the side of the diverticulum to the

mesentery; it produced imperfect strangulation of the lower portion of the ileum, and led to the distension of the intestine. The peritoneum was inflamed; the mesentery and omentum were contracted.

Case of John L., aged 40. 1. Misc. Insp. Book, p. 108.

- 1819⁶⁰. Portion of the ileum, with a small diverticulum connected by a firm ligamentous bridle of peritoneum to the parietes in the median line a little below the umbilicus; it was situated about eight inches above the ileo-cæcal valve.

Case of Isaac L., aged 43. Two or three years before death severe abdominal affection, two weeks before death sudden pain, and afterwards symptoms of strangulation, came on. On examining the abdomen the mesentery was found contracted, and the constriction was found three inches above the cord of the diverticulum, and appeared to result from sudden bending or twisting of the intestine; the peritoneum was congested, but there was no effusion of lymph.

7. Green Insp. Book, p. 8.

- 1819⁶². Diverticulum from the ileum, adherent by its extremity to the vicinity of the umbilicus; there had been discharge of fæces; the umbilical cicatrix not quite healed.

From a fine healthy male infant. Eight days after birth there was a fungus protrusion at the umbilicus; this was destroyed by caustic; bronchitis supervened, and during coughing several inches of intestine protruded from the umbilicus; fæces escaped from the umbilicus, but were also discharged from the rectum; in fifteen months cicatrization was produced. The child died the following year from bronchitis; there was then a small granulation, about the size of a pea, at the umbilicus.

Presented by Mr. Gunthorpe of Wincanton.

See Guy's Reports, 1843, p. 471.

- 1819⁶⁴. Portion of the ileum, with a diverticulum attached to the umbilicus. The funis came off on the eleventh day after birth, and a discharge of fæces is said to have followed.

The infant was admitted into Guy's under Mr. Key's care. A fistula existed at the umbilicus, and a probe could be passed in for two inches; escharotics were applied, and afterwards the edges of the opening were incised; the fistula was in this way closed, and the child left apparently well. The child afterwards died from internal obstruction; an adventitious cord compressed the ileum, just above its connection with the diverticulum.

Presented by Mr. Allwork, Maidstone.

See Guy's Reports, 1843, p. 471.

1819⁶⁸. Diverticulum of the ileum attached to the parietes.

1819⁷⁰. Portion of small intestine, jejunum, very much dilated with considerable hypertrophy of the muscular fibre; the mucous membrane marked with thick lines, which appear to be the summit of valvulæ conniventes.

The patient, Joseph A., aged 17, had received a blow on his abdomen two years before his death; he had no pain, but gradual enlargement of the abdomen with emaciation. On inspection, a tumor, about the size of a man's fist, partially ossified, was found at the commencement of the ileum, attached to the mesentery. The intestine at this part would only admit a quill; above, it was enormously distended and hypertrophied. See Prep. of mesentery 2459⁵⁰, 2459⁷⁵, and Drawing, No. 460.

Green Insp. Book, p. 152.

1819⁸⁰. Portion of jejunum, presenting enlarged valvulæ conniventes; a tumor about the size of a bean consisted of two united valvulæ.

See Prep. St. Thomas' Mus., 1230^a. Presented by Dr. Barker.

1819⁹⁰. Several small vascular tumors attached to the jejunum; they were filled with dark blood, and situated beneath the mucous membrane of the part (nævi?).

1819⁹¹. Portion of the lower part of the small intestine with a polypoid growth; it was found to consist of inverted mucous membrane, containing fat, and resembled an inverted appendix epiploica.

From a case of typhus fever. Alfred H., aged 29.

New Vol. Insp. iv., p. 382.

1820. Portion of ileum, showing imperfect valvulæ conniventes, represented by elongated processes from the intestine, arranged in lines as the ordinary valvulæ conniventes, and covered with villi, taken from the lower part of the ileum.

From Dennis D., aged 44, who died from pyæmia five weeks after comminuted fracture of the thigh.

See Record of Inspection, 1854, No. 233.

1821. Portion of ileum, with hypertrophy of solitary and Peyer's glands; there was diffused vascularity of the mucous membrane.

From a patient who died from small-pox, and had hæmorrhage from the bowels.

- 1821⁵. Large solitary glands, from the duodenum of a child aged nine, who died from tetanus after a burn; the solitary glands were enlarged throughout the ileum.

Case of Elizabeth H. Report of Insp., 1855, No. 66.

- 1821⁴⁰. Termination of the ileum and a portion of the cæcum: there is a remarkable condition of Peyer's glands; these were enormously enlarged, and presented irregular eminences projecting from them; the solitary glands also enlarged; both Peyer's and solitary glands were filled with nuclei.

From Edward D., aged 23, who died, 1853, from Asiatic cholera.

See New Vol. Insp., vol. iv., p. 192. Drawing 310⁵.

- 1821⁷⁵. Portion of the duodenum; jejunum and ileum showing enlargement of the solitary and Peyer's glands.

From a patient who died from cholera, 1849.

- 1821⁸⁰. Mucous membrane of part of duodenum, showing enlarged Bruner's glands; it has been removed from the muscular coat, and is seen from the attached surface.

- 1821⁸¹. Duodenum with hypertrophied glands.

From a girl aged 18, who, eighteen months before death, was seized with jaundice; she became weaker and of a deeper color, and gradually sank; the cause of the jaundice was not detected on examination; the liver was dark and turgid.

7. Misc. Insp. Book, p. 48.

- 1821⁸². Portion of small intestine with enlarged solitary glands.

- 1821⁸³. Another specimen from the same subject, but injected.

- 1821⁸⁵. Portion of small intestine, showing long mammillated follicles; hypertrophied solitary glands; it is probably a portion of ileum.

- 1821⁸⁶. Termination of the ileum, from the same case as the preceding, 1821⁸⁵, studded with hypertrophic glands, which are much elongated.

From John M., aged 18. He had irritable bladder, tumid abdomen, and the general characters of struma; he was supposed to have chronic inflammation of the bladder. On inspection peritonitis was found, especially affecting the pelvic viscera; the solitary glands in both small and large intestine were hypertrophied; the liver large and pale; the left kidney and ureter rudimentary; the pelvis of the right kidney was distended with pus and mucus; the ureter thickened; the bladder thickened, injected, and lined here and there with fibrin.

5. Misc. Inspec. Book, p. 82.

See 2022²⁸, rudimentary kidney. 2366⁵⁰, the bladder and prostate.

- 1821⁸⁷. Portion of small intestine, with a thickened patch of aggregate glands of unusual length; the solitary glands also enlarged.

From a child, aged 6, who had had diabetes for several months; a short time before death vomiting and pain in the abdomen came on; there was intussusception of a portion of the jejunum.

6. Green Inspec. Book, p. 138.

- 1821⁸⁸. Termination of the ileum, studded with hypertrophied solitary and Peyer's glands.

- 1821⁸⁹. Portion of the ileum, in which the Peyer's glands, and some solitary, are considerably enlarged.

1822. Portion of strangulated hernia; it is intensely congested, and the mucous membrane also appears inflamed.

The patient had been operated upon by Mr. Cooper, and died of internal hæmorrhage. Preparation of the hernia, see 2477.

- 1822⁵⁰. Portion of small intestine turgid from congestion, a considerable quantity of imperfect lymph covers the mucous surface; the mesenteric veins distended with coagula, (hernia?)

- 1822⁶⁰. Portion of small intestine, acutely inflamed, and covered with false membrane on its mucous surface.

- 1824⁶⁴. Portion of jejunum, of which a knuckle, consisting of the greater part of its circumference, has been strangulated and perforated.

From Jane G., aged 47, admitted under Mr. Morgan's care with femoral hernia; it was returned the same day by firm taxis; the patient

died on the third day. There was extravasation of fæces into the abdomen, and general fibrinous effusion and congestion of the peritoneum; there was great congestion of the portion of intestine which had been strangulated, and a small perforation in its centre; the intestine was distended at that part in the form of a pouch; there was a small femoral hernia on the other side.

6. Misc. Inspec. Book, p. 83.

1825. Portion of jejunum which had been strangulated; it was of a dark color, its appearance livid, but not at all gangrenous.

Case of E. N. She had been operated upon by Mr. Morgan; erysipelas came on several days before death; no peritonitis or strangulation was found on inspection; intestine deeply congested; the kidneys considerably diseased.

3. Green Insp. Book, p. 92.

1826. Portion of the ileum which had been much congested. From an old man who had been affected with symptoms resembling those of strangulated hernia, but caused by stricture of the colon; an enlarged mesenteric gland is attached, it is calcareous, and has a dense laminated covering.

From a corpulent intemperate man who had suffered from constipation for three or four days, but had had hernia for twenty years. On inspection, great distension of the intestine was found above the strictured colon. See Preps. of cæcum, 1855; and of colon, 1853.

4. Green Insp. Book, p. 24.

- 1826²⁰. Portion of small intestine, of which a small knuckle, consisting of about half the diameter of the bowel, has been strangulated and ruptured.

Case of Margaret T., aged 72, who had been greatly reduced in circumstances. After a long walk, experienced pain in the abdomen; she remained seven days with nearly complete constipation, and was admitted in a state of collapse with hernial tumor in the groin; taxis was employed with uncertain success, she sank in a few hours after admission; there was emphysema and discoloration over the hernial sac, which was gangrenous; there was extreme injection of the peritoneum, effusion of pus and fibrin; two feet from the colon a portion was found which had been strangulated, and a portion of the intestine was situated at the mouth of the sac, and had in it the rent described.

5. Misc. Inspec. Book, p. 56.

- 1826⁴⁰. Portion of small intestine from near the middle of the ileum,

a small knuckle of which had been strangulated in a sac of femoral hernia; it was of a dark color, and all the coats appeared to have been inflamed.

Case of Elizabeth C., a patient of Mr. Morgan's, who was admitted with hernia which had been strangulated for some time, and was thought to be gangrenous; the sac and intestine were opened; she died on the fourth day. On inspection there was emphysema of the lungs; the abdomen appeared filled by several coils of small intestine; the peritoneum was deeply congested, and there was general effusion of fibrin; the sac was on the left side, and contained a portion of adherent omentum and non-adherent intestine; the intestine above the stricture was much congested. See Prep. of thickened capsule of spleen, 2013⁷⁵.

9. Green Inspec. Book, p. 1.

1826⁴⁵. Portion of small intestine which had been protruded in femoral hernia; it had been strangulated, but was reduced; though perforated, there did not appear to have been any opening through which fecal matter could have escaped till the intestine was removed from the body, the lips of the wound having been inverted, and feebly glued together.

Case of Margaret L., admitted with femoral hernia which had been down five days; it was returned, but collapse came on, and it was suspected that the intestine had become gangrenous; she rallied slightly, but only for a short time; great restlessness and anxiety came on, but no distension or tenderness of the abdomen; and she died nine days after the hernia had been returned. On inspection of the abdomen minute injection of the peritoneum was found, but no effusion into its cavity; there was femoral hernia on both sides; on the right a portion of omentum was found firmly adherent to the mouth of the sac; the sacs were empty; in the pelvis a portion of small intestine was found, but no extravasation had taken place. See Prep. of hernial sac, 2503³⁵.

6. Green Inspec. Book, p. 54.

1826⁵⁰. Portion of ileum, thickened and considerably dilated from old strangulation, and perforated by a recent one.

Case of William L., aged 40, admitted with oblique inguinal hernia, which had been down for two days; it was strangulated, and was returned after operation. A few months before, he had been operated upon for inguinal hernia on the same side; he died the day of the operation; there was general inflammation of the peritoneum; a portion of the ileum was adherent to the sac and ruptured above the stricture; the ileum was distended and hypertrophied.

19. Misc. Inspec. Book, p. 341.

1826⁶⁰. Portion of the ileum from near its termination, about three inches of which was strangulated in a femoral hernial sac; the intestine was gangrenous, and flakes of lymph were deposited on the peritoneal surface.

Case of Elizabeth W., aged 66. The hernia had existed for some time; the sac was opened by Mr. Callaway and the intestine found to be gangrenous, the sac also contained a portion of gangrenous omentum; fæces passed freely from the wound. The patient only survived two days; there was general peritonitis, but no extravasation of fæces into the general cavity of the peritoneum.

2. Misc. Inspec. Book, p. 18.

1826⁷⁰. A small portion of ileum which had been strangulated and ruptured.

Case of John M., aged 70. No operation was performed, the patient having refused surgical interference; extravasation of fæces took place into the cellular tissue of the hypogastric region.

18. Misc. Inspec. Book, p. 262.

1826⁸⁰. Portion of small intestine, in which a partial inflammation has led to sloughing of all the coats.

From a private patient of Dr. Bright's. See Prep. of cæcum, 1868⁵⁰.

1828. Two portions of small intestine, inflamed and ulcerated, from dysentery. The mucous membrane was of a diffused red color, is much thickened, and has a layer of lymph effused on the surface; the ulceration was very slight.

Old Museum Book, No. 108.

1828⁵⁰. Portion of small intestine. The mucous membrane was inflamed, and is covered with a superficial layer of lymph, except on the patches of aggregate glands.

Case of John S. There was slight œdema of the lower extremities, and he was believed to have peritonitis; on inspection there was effusion of pus on the surface of the liver and in the pelvis; the kidneys were flabby, and there was emphysema of the lungs.

2. Misc. Inspec. Book, p. 92.

1828⁷⁵. Ulceration of the intestine in phthisis, four portions of intestine are attached the one to the other; the uppermost is the first portion of the duodenum, and presents several small ulcers with irregular edges; the second is from the

jejunum, the third from the ileum, and the fourth shows a portion of the cæcum with extensive irregular ulceration.

Case of Stephen W., aged 26. There were numerous vomicae in the lungs, with old pneumonic consolidation.

12. Misc. Inspec. Book, p. 97.

1829. Stomach with a portion of the duodenum. Two small ulcers are found at the commencement of the duodenum, and have passed through the mucous and muscular coats.

Old Museum Book, No. 247.

- 1829²⁵. Portion of the duodenum with the pylorus, from a child who died twenty-five days after a severe burn. A short distance from the pylorus is a small round cicatrizing ulcer, reaching to the peritoneal surface; films of lymph are seen on the external surface.

The child died comatose. The upper part of the chest, neck, and occiput were suppurating; the dura mater was congested; the sinuses of the brain were filled with coagula; that of the torcular herophili contained pus about the clot; the coagulum was composed of laminated tissue; the brain soft and congested; the chest healthy.

New Vol. Insp. 1, p. 196.

- 1829⁷⁵. Two portions of small intestine, taken from the body of a young man who died four hours after having fallen down a ship's hold. In tracing the small intestines upwards ulcers were seen in various stages. The two portions of mucous membrane present several stellate cicatrices, having under the microscope the ordinary appearance of cicatrices of the skin.

- 1829⁷⁶. Termination of the ileum and portion of the cæcum, showing in the former several cicatrices.

Case of Henry J., aged 22. Admitted January, 1856, with general anasarca, scanty albuminous urine; peritonitis came on a short time before death; there were large white kidneys.

Record of Insp., 18. 1856.

1830. First part of the duodenum with a large ulcer close to the pylorus; the edges of the mucous membrane are inverted.

- 1830⁵⁰. Extensive ulceration of the duodenum with loss of all the

tunics, and the great ducts open on the denuded surface; the pancreas forms the base of the ulcer.

Case of Samuel R., aged 44, a patient of Dr. Hughes'; he had had the symptoms of phthisis for nearly a year, but on examination there was found to be effusion into the pleura, and empyema was diagnosed. He gradually became more emaciated, and before death suffered from vomiting, palpitation of the heart, and pain in the abdomen; he passed a little blood per anum. On inspection the right pleura was found filled with pus, the lung about the size of a spleen; in the abdomen, there was some sero-purulent fluid in the peritoneum; stomach softened and bearing marks of ulceration: the pylorus was thickened; head of the pancreas about as large as a man's fist, and the ulceration of the duodenum extending into it; below is a second smaller ulcer.

16. Misc. Insp. Book, p. 106.

1830⁷⁵. Pylorus and portion of the duodenum, with an ulcerated opening immediately below the pylorus; the opening on the mucous surface is larger than that through the peritoneum.

From a middle-aged man long affected with dyspepsia and pain in the epigastrium; he died in twelve hours after the accession of the severe symptoms occasioned by the rupture and extravasation. From a patient of Mr. Key's.

1830⁸⁰. Portion of the duodenum showing superficial ulceration.

The patient, Elizabeth G., aged 30, died from sloughing of the sacrum with pericarditis and albuminaria. There was old pneumonic consolidation at the apices of the lungs, and strumous deposit; there were pericardial adhesions, and deposit on both the aortic and the mitral valves. Liver coarse and fatty; kidneys degenerated; the bladder was much thickened and contracted. There had been inflammation of the peritoneum in the pelvis, rendering the ovaries and uterus adherent, and there were several small ulcers in the vagina. There was superficial ulceration of both the stomach and the duodenum; the rugæ congested; the intestines were healthy. She was a married woman and had had one child, still-born. Eleven weeks before death a small tumor had been removed from the os uteri.

New Vol. Inspections, p. 255.

1830⁸⁵. Ulceration of the duodenum, with perforation into the peritoneal cavity. It took place in a man of intemperate habits, but otherwise healthy. The ulceration of the mucous membrane is larger than the opening into the peritoneum. The sac of the peritoneum contained some

castor oil, which had been administered after the severe pain came on. The mucous membrane of the remaining portion of the duodenum was exceedingly thin.

- 1831¹⁶. Portion of small intestine, with numerous and deep ulcers of the mucous membrane. The surface of these ulcers is irregular, and they appear of a chronic character.

From Julia F., aged 11, a strumous child, whose father died of phthisis. The child had had hooping-cough, followed by strumous peritonitis. In the lungs were several vomicae, miliary tubercles, and strumous deposit. In the abdomen there was chronic peritonitis, numerous miliary tubercles, and peritoneal adhesions. The small intestines were injected and deeply ulcerated, and there was enlargement of the mesenteric glands.

See Prep. of the lung, 1743²⁰. 9. Green Inspec. Book, p. 81.

Presented by Drs. Hodgkin and Stroud.

- 1831³². Portion of small intestine from a child, with numerous irregular ulcers of various sizes, the result of strumous disease.

- 1831⁴⁸. Portion of small intestine, with a small but deep ulcer, around which there is much thickening, with puckering of all the coats. From the same child as Prep. 1831³².

- 1831⁶⁴. Portion of small intestine, with old ulceration of the mucous membrane, occupying for a short distance the entire circumference. It is accompanied with considerable contraction, and thickening of the other coats. The appearance here shown very much resembles what is commonly described as cancerous disease of the large intestine.

- 1831⁸⁰. Portion of small intestine, in which there has been chronic inflammation of the mucous coat, which in some spots appears to have lost its vitality before death of the patient. In other parts, it is separating in the form of a slough, along with the subjacent structure, laying bare the peritoneal coat, which was inflamed.

Case of M. B., aged 40, a married woman, who had suffered for several years from dysmenorrhœa. The bowels often constipated; there was pain in the arms and in the thigh; vertigo, pallor of the countenance, pain in the abdomen; the stomach became exceedingly irritable,

and she died emaciated. The lungs and heart were healthy, the kidneys granular and contracted, the peritoneum was acutely inflamed, and, on separating the coils of intestine, dirty fluid oozed from several perforated portions of the ileum. The mucous membrane was much congested, part sloughing, and in other parts perforated; extravasation was limited by adhesions.

See Prep. of puckered ovary 2225⁷⁵, and Drawing of the intestine, No. 306.

9. Green Inspec. Book, p. 107.

1832. Portion of small intestine, perforated by ulceration.

From a child, Richard E., who died from hydrocephalus. Till six weeks before its death apparently plump and healthy; at the commencement of the disease there was a sense of falling; the bowels were irregular, generally relaxed, but blood was discharged. In the brain there was serous effusion into the ventricles, and on the surface; the chest was healthy; the peritoneum acutely inflamed; no tubercle could be found. There was extensive ulceration of the ileum, and the gall-bladder was distended with mucus, from obstruction of its duct. See Prep. 1965.

2. Green Inspec. Book, p. 13.

1832²⁵. Portion of small intestine, perforated by ulceration. A portion of the upper part of the ileum, with part of the omentum, was found adherent to the bladder; at this part was an annular stricture, and a cicatrix, the result of old inflammatory disease. Above the stricture was an opening with ragged edges passing through the walls of the intestine. There had been faecal extravasation, and general peritonitis.

Case of E. H., aged 44, a patient of Dr. Addison's, admitted with paralysis of both hands and feet, with rigid joints; there was no improvement for three months. Whilst turning in bed, intense pain in the abdomen came on, followed by collapse. She died on the fifth day.

7. Misc. Inspec. Book, p. 136.

1832⁵⁰. Portion of small intestine, perforated by ulceration from the peritoneal surface. It had been long and firmly adherent to the bladder. From the same case as the preceding, 1832²⁵.

7. Misc. Inspec. Book, p. 136.

1832⁷⁵. Portion of small intestine, perforated by ulceration, which is traversed by several valvulae conniventes, some of which are nearly divided.

The patient, T. T., aged 24, had faecal abscess from diseased appendix cæci. He had been a rope-maker, and appeared in tolerable health till present illness, but had suffered much from extreme poverty; one month before admission he had diarrhœa, which recurred several times, and was accompanied by severe pain; one week before admission, he walked fourteen miles, and slept in a stable; four days afterwards he was seized with vomiting, and for two days had a tender abdomen, with constipation. On admission, there was tenderness in the abdomen, frequent vomiting, and thirst; the pain subsided in three days, and the bowels acted freely. He became more and more prostrate, the abdomen very tender, and before death had slight delirium. There was general injection of the peritoneum, which was covered with fibrin, and bathed with bilious fæces; the small intestines distended; in the ileum was an oval patch of ulceration, and the intestine was perforated in two places; the ulcers were more numerous at the lower part of the ileum. In the right iliac fossa was a circumscribed faecal abscess which contained the appendix cæci, nearly divided by an ulcer at its centre. The whole appendix was thick and granular. See Prep. 1879⁴⁰.

7. Misc. Inspec. Book, 87.

1834. Portion of small intestine, having several perforations from ulceration, apparently strumous.

Patient of Dr. Marcet's.

1836. Portion of small intestine, perforated by ulceration.

- 1836²¹. Convolutions of small intestine, in which two contiguous portions are united by peritoneal adhesion. There is perforation of the intestine at this spot, arising from ulceration following tubercular deposit. The opening was closed during life by peritoneal adhesions.

Case of Miss P., aged 13. She appeared in good health till three months before her death, with the exception of pain occasionally after exertion; symptoms of phthisis came on, and some time before death she had considerable pain in the neighbourhood of the rectum, and there was discharge of pus. Miliary tubercles were found beneath the pleura, and there were large cavities at both apices; in the abdomen were old adhesions, miliary tubercles; and at the side of the rectum was an abscess, which had extended towards the ischiatic notch, and which opened into the rectum. The mesenteric glands were enlarged; the small intestine ulcerated; the liver pale and fatty; the fallopian tubes distended with strumous matter.

8. Green Inspec. Book, p. 55.

1836²⁸. Last portion of the ileum, and commencement of the cæcum, with a large perforation and one or two ulcerated spots a little above the valve.

From a fever patient of Dr. Bright's.

1836⁴⁴. Portion of small intestine, apparently perforated by ulceration, and in a sloughing state. There is a large mass of fungoid tubercle in the adjoining mesentery.

See Prep. 1916⁸⁰ of the liver. Presented by Mr. Morgan.

1837. Portion of small intestine, with considerable enlargement and elevation of Peyer's glands.

From a young woman, who died four days after she had been attacked with symptoms of fever. The preparation has been injected, dried, and immersed in turpentine.

1838. Portion of ileum, in which the Peyer's and solitary glands are much enlarged by deposit, and inflamed.

Described by Dr. Hodgkin as of scrofulous character. The preparation is injected. From the same case as 1837 and 1839.

1839. Termination of the small and commencement of the large intestine, with considerable enlargement of the glands, and inflammation of the mucous membrane. There is effusion of lymph on the surface.

From the same patient as 1837 and 1838.

1840. Portion of the ileum, injected, and showing enlargement of both solitary and Peyer's glands, with commencing ulceration.

1841. Portion of the ileum, in which the solitary and Peyer's glands are much enlarged by deposit in them, stated to be of strumous character. There is commencing ulceration in some of the glands.

1843⁴⁸. Termination of the ileum, with the cæcum and appendix. There is considerable elevation and ulceration of Peyer's glands, probably from fever.

- 1843⁶⁴. Termination of the ileum, greatly dilated from colloid cancer, affecting the ileo-cæcal valve; above the stricture there is extensive ulceration and perforation.

From a patient of Dr. Addison's. See Drawing 322.

1844. Termination of the ileum. Peyer's glands are much enlarged and slightly ulcerated.

From a patient who died in the early stage of fever.

- 1844⁵. Termination of the ileum, and commencement of the cæcum, from a case of typhoid fever. Peyer's glands are much enlarged by infiltration of typhous product, and there is in several commencing ulceration and sloughing.

From Alfred M., aged 18, admitted, under Dr. Hughes' care, July 13, 1854. It was stated that he had had symptoms of fever for four days; some rose-colored spots appeared on the abdomen. On the 14th he became violent, more prostrate, and died on the 20th, the eleventh day of fever. The brain and lungs were much congested; otherwise healthy.

Record of Inspection, 161. 1854.

- 1844¹⁰. Termination of the ileum, and commencement of the cæcum, from a case of typhoid fever. The solitary glands are considerably enlarged, resembling peas. Peyer's glands raised, and presenting an irregular brown surface, resembling a slough; the two last feet of the ileum were only affected; the mesenteric glands are shown to be much enlarged.

From James L., aged 27, admitted December, 1854. He had been intemperate, and had been living in a lodging-house in Bermondsey; two days before admission, his friends stated that he had been out, but complained of his head. He died a few hours after being brought to Guy's. The brain and lungs were much congested.

Record of Inspection, 253. 1854.

- 1844¹⁵. Termination of the ileum, and a small portion of the cæcum, showing cicatrices nineteen weeks after typhoid fever.

Case of Charles S., aged 38, admitted under Dr. Gull's care, Nov. 21, 1855, and died April 2, 1856. He was admitted for pain in the foot, and shortly after began to suffer from typhoid fever; he convalesced

favourably. On April 1st he was found covered with typhus rash, and died in a few hours. Great congestion of brain, &c., were found.

Record of Inspection, No. 73. 1856.

1844²⁵. Portion of small intestine, with solitary and Peyer's glands considerably enlarged, presenting numerous ulcerated spots, the result of strumous disease.

1844⁵⁰. Strumous disease of mesenteric glands, of peritoneum and small intestine; they are firmly united by old adhesions. In the mucous membrane are several ulcerated openings. A sharp turn in a convolution fixed by adhesion had acted as a stricture; above this the canal was dilated, below contracted. At the lower part of the specimen, the uterus is shown affected with similar disease.

Case of Mary P., aged 14, admitted with constant vomiting. No symptoms of abdominal disease till two months before admission. Miliary tubercles were found in the lungs, and strumous disease of the bronchial glands. The liver fatty; the colon contracted. See Prep. 2453²⁵, showing peritoneal surface of spleen.

11. Green Inspec. Book, p. 177.

1844⁷⁵. Portion of the ileum, with deep ulceration connected with Peyer's glands, from a case of phthisis with emphysema; a diverticulum is situated at the ulcerated part.

See Prep. of the lungs, 1738³²; and of emphysematous skin, 1652²⁰.

1844⁸⁰. Portion of the jejunum from a case of phthisis, showing ulceration of the mucous membrane; there was ulceration, extending in scattered patches from the duodenum to the rectum.

Case of Louisa D., aged 40. The larynx, bronchi, and Fallopian tubes were also affected; the diarrhoea very severe.

Record of Inspection, 1855, No. 126.

1845. Portion of small intestine, with a large circular ulcerated spot, having ragged elevated edges (carcinomatous?)

1845²⁵. The end of the ileum presenting strumous ulcers of the

mucous membrane; there are tubercles on the serous membrane, and in the glands.

Case of Robert H., aged 31. Admitted with anasarca and symptoms of phthisis of three months' duration. On inspection, the lung presented a large irregular cavity surrounded by consolidated lung and tubercle; the kidneys were coarse. See Prep. 1554⁵⁴ of strumous gland.

18. Misc. Inspec. Book, p. 177.

- 1845⁵⁰. Portion of small and large intestine, with remarkable circular flattened growths connected with the mucous membrane; the surfaces are slightly ulcerated, and the edges elevated; the mesenteric glands are much enlarged, and were infiltrated with carcinomatous product.

From Mary G., aged 23, a patient of Dr. Bright's. She was much emaciated at the time of her admission into the hospital; the most marked symptoms were an irritable condition of the bowels, and the passage of fatty matters with the stools; a carcinomatous tumor was found at the upper part of the right lung, another at the bifurcation of the trachea; in the small intestines numerous tubercles were observed, some about the size of peas, others with flattened surfaces; some much larger, as shown in the preparation, with depressed centres; those in the colon were still larger; the pancreas was implicated in a mass of glands affected with cancerous disease, and its duct almost obliterated.

See Prep. of pancreas, 1989⁵⁰. 10. Green Inspec. Book, p. 163.

1846. Portions of intestine glued together by adventitious membrane, loaded with tuberculous matter—strumous peritonitis. The preparation is put up to show that the mucous membrane could be very easily detached from the muscular coat.

Case of Elizabeth S. See Preps. of peritoneum, 2450 and 2450³⁵.

Red Inspection Book, p. 222.

- 1846²⁵. Stricture of ileum, from the contraction of cicatrix in phthisical patient.

Case of a woman admitted under Dr. Barlow's care into Charity ward, in November, 1851. She was admitted for constipation; among the noticeable symptoms were scanty urine, moderate distension of the abdomen, and sickness, &c.; relieved by treatment with opium, &c. Diarrhoea subsequently came on, and she died from phthisis; the mucous membrane is considerably thickened at the position of the cicatrix, the healing, however, is not complete; above, the intestine is much dilated and presents several ulcers; below the stricture the intestine is contracted.

1846⁵⁰. Preparation to show the very ready separation of the mucous membrane from the muscular coat, in a case of strumous peritonitis; the convolutions of the small intestine are drawn together by contraction of the mesentery; the peritoneum contained flakes of lymph and serum; there were numerous old adhesions, especially among the small intestines, and numerous tubercles of various sizes; there was ulceration of the mucous membrane and perforation, but no extravasation; the lungs were engorged, and contained miliary tubercles; the Fallopian tubes were distended with strumous deposit. See Prep. of Fallopian tubes, 2251³⁰.

Case of Ruth S., aged 25, a housemaid. A year before admission had a fall, and suffered from great pain and distension of the abdomen.

11. Green Inspec. Book, p. 92.

1847. Intussusception of several inches of small intestine.

1848. Intussusception in several places. Intestine of a child.

1848⁵⁰. A portion of intestine, from a child seven or eight years of age, affected with intussusception; the contained mass is turgid, and coated with some adventitious matter; the child suffered about four days, and voided much blood.

Presented by Mr. Muriel.

1849. Portion of small intestine, showing an intussusception of several inches, from an adult.

1849¹⁶. Portion of large and small intestine, showing intussusception and strangulation.

See Guy's Hospital Reports, October, 1838.

Presented by Mr. John Gorham.

1849²⁰. Portion of intestine, showing intussusception of ileum into the cæcum.

Patient of Dr. Gull's.

1849³². Convolution of small intestine, in which extreme intussusception has taken place; the received portion appears considerably thickened, with a deposit of lymph on both its surfaces; the glands in the receiving portion are enlarged.

Case of Dr. B. Suffered for a few days from influenza; four days

preceding his death he was engaged in practice, &c., from 9 a.m. till 11 at night; the affection of the chest increased, an emetic was administered but did not act, castor oil was then administered but did not produce an effect; the stomach afterwards became exceedingly irritable.

Presented by Dr. B. G. Babington. 7. Misc. Inspec. Book, p. 37.

- 1849⁶⁴. Intussusception of the ileum into the colon; the received portion much inflamed and covered with lymph. From a child.

Presented by Mr. G. Bottomley.

1850. Intussusception of small intestine in three places. From a child.

Presented by Mr. R. Stocker.

- 1850⁵⁰. Portion of small intestine showing intussusception.

1851. Intussusception of small intestine, with a portion of coagulable lymph which has taken the impression of the intestine. From a child.

Presented by Sir A. Cooper.

- 1851⁷. Fold of small intestine voided per anum a few days before death; tubular and massive, about three inches in length.

From a patient of Dr. Addison's and Mr. Parke's.

- 1851¹⁴. Portion of intestine, probably ileum which was thrown off in a gangrenous condition after symptoms of intussusception. The patient recovered.

- 1851²⁸. Section of dried portion of small intestine, in which intussusception had taken place.

- 1851⁴². Portion of ileum with intussusception in several places, in one of which the lower part is received into the upper; it probably occurred in articulo mortis, and was taken from a diabetic patient who had exhibited no symptoms of intussusception.

- 1851⁵⁶. A portion of small intestine, from a child, showing intussusception in both directions.

- 1851⁷⁰. Portion of small intestine, the greater part of which was

much discolored, and almost in a state of sphacelus; the mesentery corresponding to it was in a similar condition, and the affected part was bounded by a well defined line. It appeared to be the effect of hernia reduced before death or restored invagination; there is a small circular perforation of the intestine.

Case of William S., aged 60. Ten days before death, sudden violent pain came on after exertion, and symptoms of strangulated hernia; there was no hernial tumor detected or discharge of blood; the bowels acted after bleeding and taking croton oil; the vomiting continued; action of the bowels was afterwards obtained, and the vomiting partially subsided, but great restlessness came on and the patient died. In the abdomen there was omental hernia on the right side, but no intestine was in the sac; the peritoneum was inflamed near the termination of the ileum, in the left iliac fossa; and the intestine at that part, when removed, presented a small perforation. Drawing 316. The heart was dilated. See Prep. 1403⁴⁸.

9. Green Insp. Book, p. 127.

1851⁸⁴. Portion, about ten inches, of the small intestine completely divided in two places; there are abundant shreds of lymph on the surface.

Case of John A., aged 46, he had been the subject of hernia, and was brought to the hospital after having been run over by a chaise. The hernia was reduced; he walked to his bed in the ward; hiccup came on, vomiting, pain in the left hypochondrium, and death in twenty-four hours; a short time before death he passed a small quantity of bloody urine. On inspection general peritonitis was found; the intestine was covered with blood; there were nearly three quarts of bloody serum in the sac; two feet from the cæcum the intestine and mesentery were divided, as shown in the preparation; about three and a half from the more extensive one was a second division through two-thirds of the intestine.

2. Misc. Inspec. Book, p. 20.

1851⁸⁵. Portion of small intestine perforated, from a man who had received a kick from a horse; he died thirteen days after the accident, with extensive peritoneal inflammation and a small effusion of faecal matter.

1851⁸⁶. Portion of the jejunum, taken from a man who had been kicked in the abdomen; the injury was quickly followed by symptoms of extravasation terminating fatally in forty-

eight hours; the mucous membrane is everted towards the peritoneal surface, and the adjacent parts of intestine are covered with lymph.

Patient of Dr. Gull's.

- 1851⁸⁷. Portion of ileum having a small perforation, produced by a blow in running against a post; a state of collapse came on, the patient did not rally but died on the third day.

Mr. Bryant's Mus. Cat., No. 7, p. 6.

- 1851⁸⁸. Portion of small intestine, in which perforation has taken place in consequence of a kick from a horse.

Case of John C., a man of intemperate habits, the subject of inguinal hernia; while the hernia was down he received a kick from a horse, the injury was quickly followed by collapse, and he died in twenty hours. The peritoneal cavity was found to contain fæces, with oil and albuminous flocculi; on the right side was a hernial sac; a portion of ileum, about seven inches from the cæcum, presented a small perforation.

6. Green Inspec. Book, p. 18.

- 1851⁸⁹. Portion of small intestine, jejunum, presenting two openings in which the mucous membrane is inverted.

Case of Charles F., aged 30, admitted September 3, 1852; he was injured by an explosion at Lambeth, in which a brick struck the abdomen.

- 1851⁹⁰. Portion of ileum, several feet from the cæcum, having a small perforation produced by a blow.

Case of Thomas T., aged 10, admitted September 4, 1856. The same day he had fallen on the curb stone, and a boy fell upon him; severe pain in the abdomen came on at once; he died fifteen days after the accident. There was general peritonitis, and a fæcal abscess extending from near the cæcum to the liver.

Record of Inspection, No. 182, 1856.

LARGE INTESTINE.

1852. Portion of the sigmoid flexure or commencement of the rectum, showing an annular constriction of small extent with very little thickening; beneath the constriction there appears to be an old cicatrix.

1853. Portion of the colon showing stricture with ulceration, apparently of a carcinomatous character; it produced obstinate constipation and symptoms resembling strangulated hernia.

Case of H. J., aged 64, a corpulent man, much addicted to spirit-drinking. On admission the bowels had been constipated for four days; for twenty years he had been subject to hernia, but it had never become strangulated; two years before it had been returned without any unpleasant symptom. On admission the abdomen was greatly distended, but no proof of hernia existed; he had once previously suffered from constipation which had been relieved by fomentations; injections, &c., were used without any relief, vomiting of coffee ground substance came on, hiccup, and death on the fourth day after admission. The cæcum and colon were found to be enormously distended; in the middle of the ascending colon was some contraction, but three or four inches from the rectum was complete and firm constriction; there was considerable peritoneal effusion; some partial and old adhesions had led to the partial obstruction of the ascending colon; the mouth of the hernial sac was closed; there was intense congestion of the cæcum and submucous purulent infiltration; at the constriction all the coats were diseased; the stricture would only admit a goose quill; the mucous membrane terminated in a red and vascular edge; mesenteric glands not generally affected, one of them contained a calcareous mass. See Preps. 1826 and 1855, showing injection of the small intestine and cæcum.

4. Green Inspec. Book, p. 24.

1854. Stricture of the colon about two inches from the rectum, of a cancerous character; the colon above the stricture is enormously distended.

Case of Donald H. He had long been subject to constipation; violent purgatives were given, but without effect; for three weeks had no evacuation.

See Cast 253. 3. Green Inspec. Book, p. 10.

- 1854²⁴. Portion of colon contracted at sigmoid flexure by cancerous disease. There is considerable thickening of the submucous cellular tissue, and ulceration, the muscular layer being exposed. The muscular and peritoneal coats are drawn inwards; the intestine at the seat of stricture would scarcely admit a probe. The surface of the diseased part had a villous structure.

Case of Mrs. G., aged 55. For fourteen years, after a difficult parturition, she had suffered occasional pain; for several years attacks of

constipation, and at last no evacuation for ten days; powerful purgatives were administered, without relief; other viscera were healthy.

1. Note Book, p. 158.

Presented by Mr. Key and Mr. A. Tweedie.

1854³⁰. Stricture of sigmoid flexure of the colon, from cancerous disease.

Case of Margaret S., a patient of Dr. Barlow's, aged 36. She was a charwoman, of temperate habits, had been subject to attacks of constipation for two months, and for thirteen days had had no evacuation. Abdomen was tympanitic and enlarged, and there was tenderness across the umbilicus; tongue dry and brown, and there was occasional vomiting; a small quantity of high-colored urine was passed; injections were used, and magnesia administered. She became collapsed, and died six days after admission. The day before death, passed a considerable quantity of urine; there was universal peritonitis; intestines adherent; commencement of rectum was strictured, water would slowly pass. The peritoneum was corrugated, opposite to the stricture; the muscular tunic slightly thickened; the diseased mucous membrane formed fungous looking masses, which had acted as a valve.

New Vol. of Inspec. I., p. 225.

1854³². Portion of sigmoid flexure of the colon obstructed by cancerous disease.

This was from a case of Mr. Hilton's, in which, after lengthened intestinal obstruction, life had been prolonged for many months by the formation of artificial anus in the loins. The mucous membrane was irregular and raised at the seat of constriction, and there was some ulceration. The layer immediately beneath the mucous membrane was fibrous in its character; deeper still, the diseased structure was composed of fibrous tissue, fat, and nucleated cells. The disease appeared to be scirrhus.

See Drawing 322⁵⁵, diagram of parts.

1854³⁴. Portion of sigmoid flexure of the colon, showing cancerous obstruction.

Case of Ralph G., aged 44, patient of Dr. Habershon's in Job Ward. He was a policeman. During the last year of his life he had occasional attacks of constipation of about three days' continuance. On admission, July 3, it was found that he had not had a solid motion since June 20, thirteen days. Pain came on, June 23, but he had no vomiting till after admission, and then very slightly; abdomen was very distended; the symptoms not urgent; there was slight tenderness at the region of the sigmoid flexure; opium was administered, and injections. Mr.

Birkett saw the patient, and did not recommend an opening in the loins, the symptoms apparently not being sufficiently urgent. Peritonitis came on, and he died July 8, eighteenth day of obstruction. There was general peritonitis; great distension of the intestine, as far as the sigmoid flexure; there, a villous growth from the mucous membrane, composed of vascular villi, covered with epithelium, and containing beneath large nucleated cells. There was a mass in the liver, about an inch in diameter, composed of similar cells; this portion of liver is preserved with the bowel.

Sec Record of Inspection, 147. 1854.

- 1854³⁵. Stricture of termination of sigmoid flexure, or commencement of rectum. There is considerable constriction; the mucous membrane ulcerated; the muscular and peritoneal coats constricted.

Case of Mrs. H., aged 60, patient of Dr. Gull's. In May, 1854, she had diarrhœa, and some months previously had a similar attack, since which she had been troubled with flatulence and pain in the abdomen. The diarrhœa was relieved, but the pain continued. July 22, constipation was not removed by the use of castor oil, rhubarb, &c. There was no sickness; the pulse was quiet and the tongue clean. Sickness came on on the 24th. The examination of the rectum discovered a hard mass high up in the recto-vaginal space; opium, &c., relieved the symptoms. After five days the bowels were relieved. She went on well till September 20, when the bowels again became obstructed; enemata were used, and opium administered; croton oil rubbed into the abdomen. Purgatives were occasionally given, but in vain; after five weeks of complete constipation, symptoms of peritonitis came on, and she died. The operation of opening the descending colon was proposed, but the patient would not consent.

- 1854³⁸. Portion of sigmoid flexure of the colon, and of the ascending colon, and of the ileum. In the sigmoid flexure is a cancerous growth, arising from the mucous membrane, which led to fatal obstruction. All the coats of the intestine are involved. Immediately above the obstruction is a perforation, but no extravasation had taken place; the intestine above the obstruction was enormously distended; and in the cæcum, ascending colon, and ileum, the mucous membrane was very extensively ulcerated and injected, apparently from ulceration consequent on the extreme distension.

Case of Sarah O., aged 42, admitted, under Dr. Hughes' care, Nov. 18th, and died on the following day. She was exceedingly ill on

admission; the abdomen tender and tympanitic; vomiting came on soon after she had got into bed; she attributed her illness to a blow which she had received on the abdomen three months before her death. In the left iliac fossa pain and constipation supervened; the bowels were opened by enemata. On inspection, there was general peritonitis; no disease of other parts.

Record of Inspec., No. 222. 1856.

- 1854⁴⁸. Portion of colon, affected with stricture, apparently scirrhus. The constriction is very circumscribed, and there is much dilatation above the stricture; the mucous coat is thickened, the muscular coat also involved.

From Mr. R. S., about sixty-seven years of age, who for more than a year had been somewhat icteric, and who also suffered a good deal from symptoms which were referred to malignant disease of the abdomen.

- 1854⁶⁰. Portion of colon, obstructed by a circumscribed scirrhus growth. The mucous membrane is thickened and infiltrated, the muscular coat involved. Below the seat of stricture the muscular coat is more hypertrophied than above; the mucous membrane is ulcerated, and there is perforation at the seat of stricture.

Presented by C. A. Key, Esq.

- 1854⁶². Cancerous disease of the colon, with ulceration, and remarkable partial dilatation.

- 1854⁶⁴. Cancerous disease of the colon, leading to stricture. The growth from the mucous membrane has in some parts a villous character; the muscular and cellular layers are involved and infiltrated.

- 1854⁶⁵. Portion of colon, near the hepatic flexure, presenting a villous (cancerous?) growth, projecting from the anterior surface of the mucous membrane. The posterior surface was free; the constriction was nearly complete, and water would scarcely pass. Above the stricture was much distension of the intestine; in the omentum were several tubercles said to be cancerous; at the constriction the bowel had the appearance as if a portion of string had been placed round it. There was slight ulceration of the ileum.

Case of George P., aged 58. A year before his death had had pain in his abdomen, and diarrhœa. Two months before admission he had constipation and some pain; he was brought to Guy's under Dr. Babington's care, with constipation of one week's standing, and symptoms resembling strangulated hernia; he had had scrotal hernia, and the sac remained; the abdomen was tense. The cæcum could be seen distended; and the ascending colon, as far as the liver, where there was pain on pressure; the descending colon could not be felt. Mr. Birkett explored the hernial tumor, but no intestine was within it; the propriety of opening the ascending colon was discussed. The man died four days after admission. The growth consisted of vascular villi, covered with epithelium, and its cancerous character very doubtful.

See Drawings 323⁹ and 323¹⁰.

New Vol. Inspec. IV., p. 55.

- 1854⁶⁶. Portion of the sigmoid flexure and rectum, showing cancerous obstruction at the termination of the former. The growth was red and vascular, covered with changed epithelium, and of the character of epithelial cancerous disease. The muscular and peritoneal coats were much contracted at the part; the obstruction was nearly complete.

Case of Ellen H., admitted into Martha Ward, under Dr. Hughes' care, November 7th, 1855. There had been constipation for nearly three weeks; distended abdomen and much pain. The use of purgatives was followed by violent vomiting; by the use of opium and enemata the bowels were acted upon freely, and she was able to take solid food. Her emaciation, however, increased, and she gradually sank two months after admission. With the exception of contracted mitral, there was no disease of any other part of the body.

Record of Inspec., No. 10. 1856.

- 1854⁶⁷. Colloid cancer of the sigmoid flexure of the colon.

Case of Thomas C., aged 56, admitted into Guy's, July, 1855, under Mr. Cock's care. The symptoms at first resembled renal calculus; an abscess afterwards formed in the left iliac fossa, extended below Poupart's ligament, and opened; fæculent matter was discharged. The patient became increasingly prostrate, and died with pleuro-pneumonia. There was no constipation. A firm growth was found at the sigmoid flexure composed of delicate fibre tissue, and gelatinous fluid, containing nuclei and cells. A free communication extended from the colon into an abscess behind the fascia, and into the groin.

Record of Inspec., 1855. No. 165.

1854⁶⁸. Cancerous disease of the transverse flexure of the colon.

The patient, Mary N., aged 40, had received a blow across the abdomen two years before her death, being thrown across the banisters of the stairs. The accident was followed by great pain and swelling at the part; she had frequent vomiting and purging. On inspection a cancerous growth was found towards the left hypochondriac region, involving the transverse colon and small intestine, and pancreas; ulceration had led to the communication between the large and small intestine, and to a small circumscribed faecal abscess.

Record of Inspec., 201. 1856.

1854⁷². Portion of the extremity of the colon, and part of the rectum, very much dilated. All the coats much thickened; the mucous membrane granular, and partially ulcerated; there are marks of old inflammation of the peritoneum, and sinuses in the neighbourhood of the intestine.

1854⁸⁰. A small portion of the sigmoid flexure of the colon, with a small pouch communicating with the interior of the intestine by a small well defined aperture; it contained faecal matter and puriform mucous. There is a follicle of considerable size near to it. This condition did not apparently produce any symptom during life. The patient died from fractured ribs and emphysema.

Case of James C., aged 73.

2. Misc. Inspec. Book, p. 51.

1854⁸¹. Portion of colon having large follicular pouches which contained faeces.

Presented by Dr. Bright.

1854⁸². Portion of the sigmoid flexure of the colon, having a double row of pouches; these were composed only of the mucous and peritoneal coats of the intestine, and were filled with faeces.

From Charlotte J., aged 62, who died from cancerous disease of the liver, &c., admitted November, 1855. See Prep. of the liver, 1922⁵.

Record of Inspec., No. 221. 1855.

1855. Portion of caecum, showing the mucous membrane deeply

colored with dark blood. From a patient who died from stricture of the colon.

Case of Henry J., aged 64.

4. Green Inspec. Book, p. 24.

See Prep. of stricture of colon 1853, and of ileum 1826.

- 1855³². Termination of the ileum and cæcum. The mucous membrane, especially of the latter, thickened, and of a dark olive color, but nearly or quite free from ulceration. The other coats of the intestine and the peritoneum are inflamed.

From Henry W., aged 13, a patient of Dr. Bright's in Job Ward, admitted with symptoms of peritonitis. He had been ill for several months; there was effusion of pus into the peritoneal cavity. The colon was much discolored, and covered in some parts with false membrane; see Prep. 1864¹⁶. There was suppuration in the kidney and on its surface; see Prep. of kidney 2035^{14, 28}.

8. Green Inspec. Book, p. 163.

1856. Colon contracted in longitudinal furrows. From a child.

1857. Portion of colon, with a layer of adhesive membrane on its inner surface.

- 1857⁵. Portions of colon in a state of acute inflammation, showing small fragments of false membrane still adhering; and in several places there is superficial ulceration beneath.

From James S., aged 20, admitted with typhoid pneumonia. The whole of the large intestine was intensely injected; velvety and long shreds of membrane were connected with it.

Record of Inspection, No. 150. 1855.

- 1857¹⁰. Portions of colon, showing the effect of acute inflammation; an imperfect layer of membrane is attached to the mucous membrane, which was intentionally injected; and where this membrane is removed, minute specks of ulceration are found.

From Elizabeth H., aged 7, admitted into Martha Ward with chorea; she appeared convalescent, when symptoms of dysentery came on, and the child died in four days.

Record of Inspec., 102.—1855. See Drawing 318¹⁰.

1857¹⁵. Cæcum and ascending colon affected with very extensive ulceration. Small islets of mucous membrane only were left; in some parts fragments of diphtheritic membrane are attached. There appears to have been chronic dysenteric ulceration, and acute disease with it.

From William S., aged 20, admitted November 2, 1855. He had been ill for seven months with phthisical symptoms; extensive vomicae were found in the lungs. Strumous disease of mesenteric glands and lacteals. See Prep. 1540⁵⁰, and Drawing 495.

Record of Inspec., 197. 1855.

1857²⁰. Portion of colon, showing extensive sloughing of the mucous membrane in dysentery.

From James T., aged 59, admitted October 19, 1853, under Dr. Hughes' care, with acute dysentery. He was a labourer in the London Docks; had never been out of England; the disease appeared to be brought on by eating a considerable quantity of coarse sugar six weeks before admission.

Inspection—New Vol. IV.—p. 167.

1858. Portion of colon, the mucous membrane of which is inflamed, and exhibits several small spots of old ulceration.

1859. Portion of colon, with thickening; inflammation, and minute irregular and thickly sprinkled ulcerations of the mucous membrane.

1859³². Portion of colon, corrugated and slightly thickened; its mucous membrane granular and ulcerated.

1859³⁵. Portion of colon, roughened and thickened; the surface granular, and the mucous membrane slightly ulcerated. With this preparation is a portion of the rectum, which was acutely inflamed and covered by diphtheritic membrane.

Case of Esther W., aged 37, affected with suppurating ovarian cyst and with vascular growth at the urethra. Prep. 2092⁶⁰. Suppuration of the pelvis of the kidney, and tubercular pneumonia deposit in the lung.

Prep. of gall stone, 1979²⁰.

Record of Inspec., 1854. No. 248.

1860. Portion of colon, exhibiting very extensive old ulcerations of the mucous membrane, with thickening of the other coats of the intestine. From dysentery.

1861. Portion of colon, thickened and contracted from the ulceration of the mucous membrane; the intestine is everted.

Presented by Dr. Burne.

1862. Considerable portion of large and small intestine, showing numerous small ulcers.

From a phthisical patient.

1863. Portion of colon, with numerous ulcerations of the mucous membrane.

From a patient about 60 years of age, of intemperate habits, who died with paralysis and diarrhœa. The stools green, watery, and scybulous.

1863¹⁰. Two portions of colon, with numerous small but deep ulcerations; the intervening mucous membrane thickened and rugose.

The patient had had constipation and dysentery. From a private patient of Dr. Bright's.

1863²⁰. Portion of the arch of the colon, of which the mucous membrane is very extensively ulcerated; the other coats thickened and contracted.

1863³⁰. Another specimen from the same subject as 1863²⁰, injected. The mucous membrane not so extensively removed as in the preceding specimen.

From Mary F., aged 54, admitted with general anasarca and albuminous urine. In the lung was considerable pneumonic induration and tubercles.

7. Green Insp. Book, p. 131.

1863⁴⁰. Portion of colon; the mucous membrane is almost universally destroyed; the edges of the remaining portions are cleanly cut.

Case of Ann D., aged 38. 11. Green Insp. Book, p. 189.

1863⁶⁰. Two portions of large intestine, exhibiting a granular surface with numerous minute ulcers, (follicular.)

1863⁷⁰. Portion of colon coated with slightly granular and partial layers of false membrane; the mucous glands are large; one follicle presents an obstructed orifice.

Case of Maria J., aged 8, admitted on account of a punctured wound in the abdomen, from a knife thrown by her father at a cat; brought to Guy's in a state of collapse; symptoms of peritonitis came on, and in a short time she died. There was slight effusion of pus between the intestines; a portion of omentum adhered to the wound; there was a spot of enchymosis in the colon, one inch in length, where it appeared to have been injured by the knife. Prep. of wound in parietes, 2470⁴⁰.

12. Green Inspec. Book, p. 151.

1863⁸⁰. Portion of colon, with elongated villous processes projecting from the mucous membrane.

Presented by Dr. Barker.

1863⁹⁰. Portion of colon from a child; it is dilated and hypertrophied in consequence of accumulation. The patient was seven months old, and had had constipation, very small scybala being passed.

Mr. Bryant's Cat., No. 8, p. 7.

1864. Portion of colon, showing deep old ulcerations of the mucous membrane with puckering.

1864¹⁶. Portion of the arch of the colon; the mucous membrane is acutely inflamed, and covered with portions of coagulable lymph.

The patient died from peritonitis and suppuration of the kidney. Case of Henry W., aged 13. See Prep. 1855³², of intestine, 2035¹⁴ and 2035²⁸, of kidney.

8. Green Inspec. Book, p. 163.

1864¹⁷. Portion of colon which was swollen, injected, and its surface covered by an almost uniform diphtheritic membrane; the action of spirit has rendered this membrane less flocculent.

Case of Harriet S., aged 28; admitted into Guy's under Dr. Habershon's care, July, 1855, with symptoms of dysenteric diarrhœa, which had lasted for six weeks. She was in a typhoid condition when brought

in, and sank in a few days. The whole tract of the elementary canal was inflamed.

Record of Inspections, No. 143, 1855.

- 1864¹⁸. Portion of colon, showing ulceration and patches of diphtheritic membrane; there are several starlike cicatrices observed on the surface.

Case of William C., aged 16, who gradually, during three years, became exceedingly anæmiated, and at last sank from diarrhœa. The heart and liver were fatty.

Record of Inspections, No. 208, 1856.

- 1864³². Termination of the ileum and the cæcum, with extensive and deep ulceration in the mucous membrane, especially of cæcum. From a patient affected with phthisis.

- 1864⁴⁸. Portion of the ascending colon, thickened and its calibre contracted; the mucous membrane generally affected with old ulceration; the appendix cæci bound down and closed at its orifice.

Case of Maria T., aged about 30. She was a woman of intemperate habits; three months before admission anasarca came on and obstinate diarrhœa; there were large white kidneys and peritonitis; two ulcers were found in the ileum, and strumous disease of the mesenteric glands, with puckering at the apex of the lung.

5. Green Inspec. Book, p. 122.

- 1864⁶⁴. Portion of colon, presenting two deep ulcers with rather inverted edges. From a case of pneumonic phthisis.

2. Note Book, p. 20. Presented by Dr. Stroud.

- 1864⁶⁵. Portion of the ascending colon, cæcum, and a small part of the ileum, presenting very extensive ulceration; from a case of tubercular phthisis. There were ulcers scattered throughout the whole of the small intestine, but less severe than in the colon; the surfaces of the peritoneum were adherent, and contained tubercular deposit.

Case of Charlotte J., aged 38; admitted under Dr. Habershon's care in 1856. The most marked symptom was dysenteric diarrhœa, but the lungs were evidently seriously diseased, and contained vomica; she had been ill for five months.

Record of Inspection, No. 62, 1856.

1864⁸⁰. Portion of colon extensively ulcerated; some parts are covered with puriform lymph; irregular portions of mucous membrane are left; the coats of the intestine are thickened and irregularly contracted

1865. Portion of colon and rectum, with extensive old ulceration, especially in the latter; the intestine much thickened and perforated by sinuses.

1866. Last portion of the colon and rectum, with extensive ulceration of the mucous membrane; some of the ulcers extremely deep, having formed sinuses; the rectum and uterus firmly adherent to each other.

Presented by Sir A. Cooper.

1867. Portion of thickened and contracted colon, with perforation, which communicated with an abscess in the iliac region, and was accompanied with stricture of the rectum.

Case of Mr. W., a stout active man who had frequently been the subject of syphilis. A few years before death he had dysentery and afterwards constipation; symptoms of stricture about the rectum became marked, and an abscess formed near the crest of the ileum, which was opened and found to communicate with the intestine. The intestines were found to be glued together in the left iliac fossa; there were three or four openings into the sigmoid flexure, and the coats of the intestine were much thickened.

2. Green Inspec. Book, p. 90.

1868. Portion of colon thickened and irregularly contracted, with the mucous membrane generally sphacelated and separating.

Case of James V., aged about 30, who had been employed in lead works. Ten days before admission he was seized with pain in his bowels, having been constipated for five days. It was supposed to be a case of lead colic. The abdomen was painful on pressure; leeches were applied and purgatives administered; much purging followed, blood and coagula were passed; at the same time urgent retching came on, and delirium, &c. supervened. There was general peritonitis, the large intestine much thickened, indurated, and somewhat contracted; the internal surface was mottled, in some parts black and sphacelated, most severe at the commencement of the colon; the liver was healthy.

2. Green Insp. Book, p. 97.

1868¹⁰. Portion of the rectum, presenting a circumscribed slough about three inches in diameter. From a sailor.

Hercules W., aged 16, who was admitted July 29, 1854, with Asiatic cholera, and died August 1.

Record of Inspection, 173. 1854.

1868¹⁵. Circumscribed slough in the cæcum after strangulation.

Case of John F., aged 64. The hernia was reduced two days before admission; he died from cancerous disease of the rectum, with extravasation. See Prep. 1886⁴⁹.

20. Misc. Inspec. Book, p. 186.

1868²⁵. Portion of the arch of the colon thickened and sacculated; the mucous membrane is sloughing, and is in shreds.

Case of John S., aged 33, a plumber by trade. Eight years before death he had yellow fever and became maniacal; anasarca afterwards came on and dysentery. The kidneys were large and white; the colon as shown in the preparation; a loose body was found in the peritoneum.

See Prep. 2456⁴². 7. Green Inspec. Book, p. 72.

1868⁵⁰. Termination of the ileum, with the cæcum thickened and sacculated; the mucous membrane of a dark color, and partially sloughing.

See Prep. of ileum, 1826⁸⁰. Presented by Dr. Bright.

1868⁷⁵. Portion of colon, the mucous membrane ulcerated and sloughing.

1870. Portion of colon, the mucous membrane of which is much thickened; the follicles are enlarged, and there are small ulcers on the surface of the membrane.

1871. Portion of intestine, showing much enlarged mucous follicles and incipient ulceration.

1872. Portion of colon, showing numerous much enlarged mucous follicles, with incipient ulceration.

1872⁵⁰. Portion of colon, with numerous small ulcerations in and around the solitary glands; the mesenteric glands were enlarged; there were typhoid ulcerations in the ileum.

From James U., aged about 30, who, after chronic diarrhœa of three or four months' duration, had typhoid fever. See Prep. 1881⁸⁰.

2. Misc. Inspec. Book, p. 143.

1873. Portion of the sigmoid flexure of the colon, having a polypoid growth about half an inch in diameter, attached by a long peduncle. With this preparation is an intussusception of a portion of the small intestine.

1873⁵⁰. Portion of the sigmoid flexure of the colon, showing a small polypoid growth; the mucous membrane is acutely inflamed and ulcerated.

Case of S. S., a woman of dissolute habits; admitted with ulceration of the cartilages of the nose. There was minute injection of the lower part of the ileum, and the whole of the colon was thickened, granular, and ulcerated.

4. Green Inspec. Book, p. 131.

1873⁷⁵. Melanotic spots on the exterior of the colon.

See Preps. of glands, 1559³⁵, and Drawing 52²⁵, and of periosteum of tibia, 1257⁵⁰. See Wax Model, 292.

1874. Portion of the ileum and the cæcum, showing intussusception of several inches of the ileum into the cæcum.

Case of John B., aged 22; admitted fourteen days before death with painful and distended abdomen, vomiting, and suppressed urine, and symptoms of ileus; he had had fever two years before his death, followed by chorea. There was a calculus in the pelvis of the kidney, Prep. 2077; ossific plates on the pia mater, Prep. 1585.

Old Museum Book, No. 8.

1874²⁵. Portion of intestine, showing intussusception of a part of the ileum, the cæcum, and ascending colon into the transverse and descending colon.

Case of Daniel D., aged 15; admitted under Dr. Hughes' care, February, 1856. He was well till seven weeks before admission, when severe pain came on in the abdomen after exposure; the pain returned in severe paroxysms of colic, relieved by pressure; he had bloody motions passed per rectum, and vomited a lumbricus; from the 21st to the 25th February he was free from pain, but sank with symptoms of obstruction and peritonitis.

Record of Inspection, 67, 1856. Drawing 315⁸⁰.

- 1874⁵⁰. A considerable part of the colon, several inches of which are invaginated and highly inflamed.

From an infant, who survived several hours, with symptoms of ileus.
See Drawing, 315. Presented by Mr. Thomas Callaway.

- 1874⁷⁵. Intussusception of a large portion of the colon in a state of gangrene.

Presented by Mr. Callaway.

1875. Cæcum and the whole of the ascending colon, passed during life by stool after intussusception.

Case of W. P., aged 6, a patient of Mr. C. King's, City Road, October, 1852. His previous health had been good; he was attacked with œdema and discoloration of both legs; these symptoms soon subsided, but constant vomiting came on with constipation and with pain, tenderness of the abdomen, particularly in the right iliac region; these urgent symptoms remained for four days, when convulsions and insensibility ensued. He remained in this condition for twelve hours, apparently dying; on the two following days he was a little better; the vomiting ceased, but constipation continued; during the next four days there was no change. Eleven days after the seizure, and five days after the cessation of the vomiting, he had a motion, and passed the cæcum with the vermiform process and the ascending colon; when passed the cylinder was complete. In a few days the leg became gangrenous and was removed; the case did well, and completely recovered.

See full Report in *Lancet*, June, 1854. Drawing 321²².

1876. Portion of colon, exhibiting intussusception of several inches; the invaginated portion intensely congested.

- 1876⁵⁰. About twenty inches of intestine, consisting of portion of cæcum and colon, in a state of gangrene; voided by Mary C., aged 20, after violent abdominal suffering. The patient survived six days.

Mr. Bryant's Cat., No. 83, p. 37.

1877. Portion of the colon, ruptured from constipation occasioned by stricture of the rectum.

The patient had been subject to constipation for twenty years. For a fortnight before her death, she had passed no alvine evacuation; ten hours before her death, she was seized with vomiting; her abdomen became tympanitic and painful. On inspection, a large quantity of feces were found in the abdomen. See Prep. 1884.

1877²⁰. Portion of the arch of the colon, with a very large lacerated opening, occasioned by a fall from a chaise.

The patient, aged 50, survived the accident about thirty-four hours; the symptoms at first were not very severe, but extreme prostration came on five hours before death.

1. Note Book, p. 148. Presented by Mr. A. Tweedie.

1877⁴⁰. Portion of rectum perforated by a bougie.

The patient had been affected for many years with stricture, and had often been relieved by surgical aid; at length, in an attempt to pass the bougie himself, he perforated the rectum, and death ensued in about ten hours.

Presented by Mr. Callaway.

1877⁶⁰. Rectum and part of the colon, the latter perforated thirteen inches from the anus.

From a gentleman who had long labored under derangement of the digestive organs, which at last being attributed to stricture of the rectum bougies were passed, and one of them produced the perforation shown in the preparation.

Presented by Dr. Hodgkin and Mr. Callaway.

1877⁸⁰. Portion of the rectum, perforated by O'Beirne's tube about five inches from the anus.

From James A., aged 67; he had had reducible hernia for thirty years; at last the intestine came down while coughing, inguinal and oblique, and the hernia was reduced; the symptoms were unrelieved, a rectal bougie was passed, and collapse and death followed. At the lower part of the abdomen a portion of intestine was found strangulated in the sac, which had been returned *en masse*, and the rectum perforated as shown in the preparation. See Prep. 2486²⁰ of hernia, and Drawing 474.

6. Misc. Inspec. Book, p. 63.

1878. Cæcum, with a perforation communicating with an opening in the groin; the consequence of abscess following stricture of the rectum.

From Henry F. Lazarus' ward, June, 1807.

1879. Appendix cæci dilated at its upper part, and obliterated and contracted below.

Case of Ann B., a very stout woman who died suddenly.

2. Green Insp. Book, p. 5.

1879²⁰. Abdominal parietes from the right groin, to which the cæcum had contracted old adhesions, in which the appendix is involved; a very narrow sinus leads from the cæcum to an opening in the groin.

Case of Michael R., aged 34, a compositor. After an attack of diarrhoea, he was seized with pain in the region of the cæcum; a tumor formed, and afterwards local emphysema. Eight ounces of pus was evacuated by free incision; faecal discharge afterwards took place; he gradually sank. On inspection, the lungs were found studded with tubercles, and there were several vomicae; the cæcum was bound down to Poupart's ligament.

8. Misc. Inspec. Book, p. 57.

1879⁴⁰. Portion of colon with the appendix cæci, which was involved in a chronic abscess, to which it had apparently given rise; parts of the ragged walls of the abscess are seen; the appendix appears nearly divided by ulceration.

Case of Thomas T., aged 24. See Prep. of ileum and history, 1832⁷⁵.

7. Misc. Inspec. Book, p. 87.

1879⁴⁵. Appendix cæci, rather small and almost divided, as by wasting, about half an inch from its extremity; there was no mucous passage in it.

Case of Jane C., aged 52, admitted with fractured leg, and died in a typhoid condition. See fractured tibia, Prep. 1266⁵⁰.

18. Misc. Inspec. Book, p. 247.

1879⁵⁰. Appendix cæci dilated and hypertrophied.

1879⁶⁰. Cæcum with a remarkably short appendix vermiformis, apparently atrophied after ulceration; there are delicate peritoneal adhesions on its external surface.

1879⁶³. Appendix vermiformis very much dilated, its communication with the cæcum obliterated; it was distended with watery mucous, and the distended follicles resembled cysts.

Case of Philip B., aged 42, who died from phthisis and laryngitis; the muscles were affected with the trichina spiralis.

19. Misc. Inspec. Book, p. 61.

1879⁸⁰. Appendix cæci short, contracted, and its cavity almost obliterated; the result of internal ulceration.

Case of J. B., aged 26. He was an intemperate man, who eighteen weeks before admission became anasarous after exposure to cold. The kidneys were large and pale; see prep. 2037⁵⁰. The peritoneum thickened; see prep. 2440⁶⁰.

2. Misc. Inspec. Book, p. 39.

1880. Ulcerated cæcum; the vermiform process contracted at its opening into the intestine, and dilated and hypertrophied inferiorly. The patient died from aneurism of the aorta.

Case of James S. See Prep. 1453. Old Museum Book, No. 16.

- 1880¹². The appendix cæci elongated; at its extremity remarkably dilated, and the mucous membrane thinned.

- 1880²⁵. The termination of the appendix vermiformis, presenting a large strumous tubercular mass.

From Thomas F., aged 31, who had been ill a year, and died from tubercular phthisis.

18. Misc. Inspec. Book, p. 236.

- 1880⁵⁰. Appendix cæci in a state of ulceration, apparently from calculus, producing a fatal extravasation or enteritis; the calculus was very much of the size and form of a cherry stone.

Case of Robert J., aged 14. Was seized five days before death with pain in the right iliac fossa.

9. Misc. Inspec. Book, p. 81.

- 1880⁶². Appendix cæci ulcerated.

- 1880⁷⁵. Cæcum with the processes vermiformis, which is perforated in consequence of a concretion; the peritoneum was coated with low organized fibrin.

From a child aged 11. The symptoms of muco-enteritis came on and increased in severity for two days; the bowels acted on the fourth day after violent medicines; urgent pain supervened, and symptoms of peritonitis.

2. Note Book, p. 27. Presented by Mr. B. B. Cooper.

1881. Ulcerated and perforated appendix cæci, in which a fæculent concretion was found.

See Prep. 1894 of concretion.

1881¹⁰. Termination of the ileum, with the cæcum and appendix vermiformis, which last is perforated by ulceration after concretion.

Case of George N., aged 20. Two days before admission he had been depleted for supposed muco-enteritis; he was bled at repeated times very largely; for eight or nine years he had had occasional violent pain in the abdomen. On inspection, there was a circumscribed cavity filled with pus between the cæcum and the liver; it contained about twelve ounces of pus, offensive but not fæculent; two inches from the cæcal termination of the appendix was a small concretion, and beyond this a small ulcerated opening three-fourths of an inch in length, which nearly separated the extremity of the appendix.

5. Green Inspec. Book, p. 126.

1881²⁰. Termination of the small and commencement of the large intestines; the appendix vermiformis distended by fæcal matter, and presenting small perforations.

Case of Mrs L., aged 45, a stout woman; for some weeks had been unwell; the bowels generally constipated, and sometimes she had pain in the right iliac fossa; this pain increased; purgatives were given, and she was bled; tympanitis and restlessness came on, and great irritability of the stomach; there was general peritonitis arising from perforation of the appendix.

6. Green Insp. Book, p. 86.

1881²⁵. Cæcum with the appendix thickened and adherent; the appendix was ulcerated and perforated, leading to peritonitis; at the opening in the appendix was a projecting firm body about the size of a cherry stone; this was found to be a fæculent concretion, and the centre was composed of phosphate of lime; the appendix contained another concretion of a similar kind.

The patient, John H., aged 36, had a year before had an attack of pain in the epigastrium; the illness, which terminated fatally, was of six days' duration. See Prep. of concretion, 1894⁵¹, and Drawing 325²⁷.

Record of Insp., 1855, No. 153.

1881⁴⁰. Termination of the small and commencement of the large intestine; the appendix vermiformis distended by a concretion, and perforated by ulceration; the mucous membrane of the colon discolored by dark-brown streaks, but not ulcerated; there was peritonitis.

- 1881⁵⁰. Appendix cæci, the lining membrane of which is thickened and ulcerated about an inch from the cæcum.

Case of William J., aged 44, a hatter by trade—intemperate. There were miliary tubercles and low organised deposit in the lungs, with numerous vomicae; the peritoneum was healthy; the mesenteric glands were enlarged; near the middle of the jejunum was an intussusception and several old cicatrices; in the colon were several large ulcers.

2. Misc. Insp. Book, p. 96.

- 1881⁶⁰. Appendix vermiformis, the cavity of which is very much contracted, the parietes thickened; the lining membrane appears to have been ulcerated, and there are the remains of a small cavity at the extremity, external to the appendix, but communicating with its cavity.

- 1881⁷⁰. Part of the cæcum with the appendix cæci, the lining membrane of which appears to have been for a long time considerably inflamed, and is covered with lymph.

Case of Harriet H., aged 23, a stout girl, admitted in a typhoid condition. On inspection, there were blotches on the skin with petechiæ; there were slight adhesions of the pericardium, which was granular; there was recent pleurisy at the base of both lungs; local peritonitis over the region of the liver and suppuration in the right iliac fossa, burrowing behind the peritoneum.

2. Misc. Inspec. Book, p. 56.

- 1881⁸⁰. Cæcum with its appendix, which is considerably distended; its mucous membrane is thickened and ulcerated, with some sloughing; there are numerous ulcerations in the cæcum and colon; the meso-colic glands are considerably enlarged.

Case of James U., aged about 30, affected with chronic diarrhœa of three or four months' duration, and afterwards fever.

See Prep. of colon, 1872⁵⁰. 2. Misc. Inspec. Book, p. 143.

- 1881⁹⁰. Termination of ileum and commencement of the cæcum; the appendix cæci much distended in consequence of a large intestinal concretion, which caused ulceration and peritonitis.

Case of Mr. C., aged 22. Four days after an attack of diarrhœa seized with severe pain in the abdomen, and died in five days. There was local peritonitis from the right inguinal to the hypochondriac regions,

and a cavity containing about two ounces of dirty pus; the intestines were glued together in the neighbourhood of the cæcum; and the perforated appendix communicated with this part.

See Prep. of concretion, 1894⁵⁰. 8. Green Inspec. Book, p. 12.

- 1881⁹¹. Cæcum and rectum, with a fistulous communication between the appendix and rectum. There is chronic ulceration of the rectum.

Case of Mary G., aged 50. She died in the hospital, from phthisis, in January, 1853.

New Vol. Inspec. IV., p. 42.

- 1881⁹⁵. Cæcum affected with extensive ulceration, described as cancerous; external to it there is a firm tumor. The appendix is unusually long.

- 1881⁹⁶. Cancerous disease of the cæcum. Several irregular growths extend from the coats of the cæcum close to the ileo-colic valve; the posterior wall was destroyed, and a faecal abscess extending below Poupart's ligament and opening on the thigh had formed. The growth had the elements of medullary cancer.

Case of William J., aged 56, admitted under Dr. Hughes' care, July, 1856. He was a coach trimmer, a temperate man, and had had hernia on the right side. A year before his death he began to feel pain in the region of the cæcum.

Record of Inspec., 212. 1856.

- 1881⁹⁷. Cancerous tumor of considerable size, projecting from the mucous membrane of the cæcum. The kidney on the same side affected.

Case of W. A. C., aged 53, ill for months with progressive wasting, hæmaturia, and tumor in the abdomen. The tumor on the left side weighed four and a half pounds; consisted of the glands external to the kidney.

Presented by Mr. Charles Fagge of Hythe.

- 1881⁹⁸. Portion of ascending colon, showing perforation from an abscess which had been situated in the loins. There were four irregular openings, in which the external coats are more destroyed than the mucous membrane. The com-

mon iliac vein was perforated by ulceration, and the external iliac worked up by ante-mortem clot.

Case of Ann D., aged 37, a married woman, who had miscarried a short time before the commencement of her illness, five weeks before her death. After working hard, she awoke at night with violent pain in the lower part of the abdomen; there was tenesmus, but she could not discharge anything from the bowels. On the following day she had a rigor; and on the third she noticed that the right side of the abdomen was enlarged, and became exceedingly tender. She became slightly jaundiced, the tumor slightly fluctuating, and superficial abdominal veins enlarged; the tumor gradually disappeared, so that the day before death it could not be detected; but she sank after passing several large evacuations of clotted blood. The abscess occupied the position of psoas abscess on the right side, and was bounded in front by the colon into which it had entered; but there was no disease of vertebræ or other bones.

Presented by Mr. R. G. Hardwick, Leeds.

- 1881⁹⁹. Portion of the sigmoid flexure of the colon, with a fistulous communication from a large abscess external to it.

Case of Elizabeth R., aged 39, admitted under Dr. Habershon's care, March, 1855. An abscess formed deeply in the iliac fossa, and opened upon the anterior abdominal parietes; it extended as high as the diaphragm. Pus was discharged by the bowel.

Record of Inspec., 1855. No. 115.

1882. Rectum terminating in the bladder near its cervix. From an infant.

Presented by Mr. Beck.

- 1882⁵⁰. Rectum considerably distended, and terminating in the cervix of the bladder, or in the first part of the urethra. From an infant.

Presented by Mr. Callaway.

- 1882⁵⁵. Rectum terminating in the urethra.

The infant was about thirty-six hours old. The abdomen much distended; Mr. Cook opened the rectum from the anus, and there was discharge of meconium; the child died about eight hours afterwards.

Record of Inspection, 69. 1856.

- 1882⁶². Rectum considerably distended, and terminating in the vagina.

Presented by Dr. Lever.

1882⁶⁷. Rectum opening into the vagina; the kidney is considerably lobulated.

Presented by Dr. Lever.

1882⁷⁵. Termination of the rectum in a pouch about an inch from the anus. The child survived eight days.

Presented by Mr. C. A. Key.

1883. Rectum greatly dilated, and the anus much contracted; it was originally imperforate, and an operation which had been performed was not followed up by proper care on the part of the mother. From a child five months old.

Presented by Mr. C. A. Key.

1883³². Rectum terminating in a blind pouch.

Presented by Mr. Hardy, Jun.

1883³⁴. Rectum terminating in a blind pouch.

Presented by Dr. Lever.

1883⁶⁴. Rectum terminating in a cul de sac. From a child who survived eight days.

Presented by Mr. C. A. Key.

1883⁸⁰. Polypus of the rectum; it is pedunculated, and has a beautifully foliated appearance.

Case of Elizabeth T., aged 40, who died from peritonitis and abscess in the walls of the stomach. See Prep. of stomach, 1802⁶⁵.

New Vol. I., p. 197.

1884. Stricture of the rectum, which caused death by rupture of the colon; there is considerable contraction of all the coats of the intestine, and a growth from the mucous membrane (cancerous).

The patient had been subject to constipation for twenty years. For a fortnight before her death she passed no alvine evacuation; ten hours before her death she was seized with vomiting; her abdomen became tympanitic and highly painful. On inspection, rupture of the colon was discovered and faecal extravasation. See Prep. 1877.

Presented by Mr. T. Hardy.

1884²⁰. Rectum thickened and permanently contracted in nearly its whole length, with destruction of the mucous membrane; the surrounding cellular structure much indurated.

1884⁴⁰. Rectum thickened and permanently contracted four inches from the anus, with destruction of the mucous membrane from old ulceration; the surrounding cellular structure extensively thickened and indurated; it was dense, hard, and white.

Case of Elizabeth S., aged 22, a patient of Dr. Bright's, admitted with symptoms of stricture of the rectum. On inspection there was emphysema and pleurisy, and old abdominal adhesions.

8. Green Inspec. Book, p. 128.

1884⁴⁵. Ulceration of the rectum, which had occupied nearly the whole of its lower one-third; the surface of the ulcer was irregular and ragged, and formed irregular bands and pouches; beneath one of these bands, consisting of muscular fibre, was a small opening into the cellular tissue; this opening the patient had made by an enema syringe, and had led to emphysema of the whole of the lower half of the abdomen.

Case of Joseph B., aged 50, admitted May, 1856, under Dr. Hughes' care, with cancerous disease of the pylorus.

Record of Inspection, No. 130, 1856.

1884⁶⁰. Rectum thickened and permanently contracted with chronic ulceration of the mucous membrane, the surrounding cellular tissue loaded with fat; the principal contraction appears to have taken place about five inches from the anus. The patient appears to have suffered from old peritonitis.

1884⁸⁰. Rectum very much contracted at the verge of the anus, above which it is dilated into an enormous sac about five inches in diameter and ten in length; the colon is also distended.

Presented by Mr. C. A. Key.

1886. Annular stricture of the upper part of the rectum.

1886¹⁶. Rectum with stricture at the anus and ulceration; the ulcerated mucous membrane is considerably raised; it is probably cancerous.

1886³². Rectum with the uterus and part of the vagina; the rectum is contracted, and ulcerated where it is opposed to the lower part of the body of the uterus, the cervix of which appears to have been destroyed by carcinoma; there is an ulcerated opening between the rectum and the vagina, and scirrhous growths are situated on either side of the rectum; the ureter and pelvis of one kidney are very much dilated.

1886⁴⁸. Cancerous disease obstructing the large intestine, apparently rectum; there is considerable thickening of the mucous and muscular coats; there is some ulceration, and much infiltration and induration of the cellular tissue around the intestine.

From a patient of Dr. Hodgkin's and Mr. Morgan's.

1886⁴⁹. Cancerous disease at the upper part of the rectum, with a soft peduncular polypus.

From John F., aged 64, admitted for strangulated hernia two days before death; the hernia was reduced before admission.

See Prep. of intestine, 1868¹⁵. 20. Misc. Inspec. Book, p. 186.

1886⁶⁴. Rectum considerably contracted about two and a half inches from the anus, in consequence of a mass of cancerous growth in its parietes; the mucous membrane is extensively ulcerated.

From John J., aged 48. There was cancerous disease of the liver, enlargement of the mesenteric glands, and pressure on the bile duct.

2. Misc. Insp. Book, p. 128.

1886⁶⁵. Rectum presenting a carcinomatous growth about three inches from the anus; the mucous and muscular coats, and the cellular tissue beneath, are all infiltrated with cancerous product; the uterus and ovaries are shown to be firmly adherent; there was also chronic thickening and contraction of the peritoneum and omentum; the glands adjoining the rectum were infiltrated.

Case of Ann S., aged 26, admitted under Dr. Lever's care, April, 1856. For five months she had experienced difficulty in passing her motions; an ordinary gum elastic catheter could at last only be passed through the stricture.

Record of Inspection, No. 81, 1856.

1886⁸⁰. Rectum affected with colloid cancer. The walls of the intestine are very much thickened by colloid growth; the calibre of the intestine constricted, the intestine above and below the stricture much dilated, and the mucous membrane below the stricture is universally ulcerated.

1887. Portion of large intestine, with numerous irregularly lobulated polypoid growths, pedunculated, attached to the mucous membrane.

Presented by Sir A. Cooper.

1887⁵⁰. Lower part of the colon, or commencement of the rectum, with large pedunculated bodies growing from the mucous membrane; there is extensive ulceration, probably carcinomatous.

Presented by Mr. C. A. Key.

1888. Termination of the rectum, surrounded by hæmorrhoids.

1888²⁵. Termination of the rectum, showing several anal pouches.

1888⁵⁰. Termination of the rectum, showing several pouches and small varix.

1888⁷⁵. Termination of rectum, showing fistula.

1889. Portion of rectum inverted, showing hæmorrhoids.

1890. Condylomata removed from the anus. Venereal.

1891. Hæmorrhoids, accompanied by prolapsus of the rectum.

1891⁵⁰. Termination of the rectum, showing an anal abscess; the incipient stage of fistula.

1892. Rectum perforated in two places from gun-shot wound, which injured the obturator nerve.

See Preparation 1616.

INTESTINAL CONCRETIONS.

1893. A concretion, more than an inch in diameter, removed from the intestines; it consists of silicious deposit from oatmeal.

1893²⁵. An intestinal calculus, as large as a small hen's egg; its surface rounded and fissured, composed of phosphate of lime, with traces of alkaline chloride, and connected by faecal matter.

This calculus was removed from a sinus extending from the abdominal parietes to the caecum; no appendix caeci could be found. A large abscess was found extending from the caecum to the liver, and communicating with this sinus; the transverse arch of the colon was obstructed; the mesenteric glands were hard, white, and of cartilaginous firmness; numerous miliary tubercles were found beneath the pleura.

2. Note Book, p. 39. Presented by Dr. Bright.

1893⁵⁰. Numerous masses of fat observed in the evacuation of a patient who suffered from jaundice.

Patient under Dr. Bright's care in Job ward. John W., 1835, 1836.

1894. Lamellated concretion from the appendix vermiformis; it is about the size of a horse bean, and has a nucleus of faecal matter surrounded by calcareous matter; it produced ulceration and death from peritonitis.

Presented by Dr. Burne.

1894¹². A pin found in the appendix caeci of ordinary size, covered with a white deposit, invested by condensed tissue. The patient died with large hepatic abscess, but the pin does not seem to have set up ulceration.

Case of George A., aged 37. 10. Misc. Inspec. Book, p. 89.

1894²⁵. Calculus found in the appendix vermiformis, about the size of a pea; lamellated and apparently phosphatic; no nucleus is evident.

1894⁵⁰. Faecal concretion found in the appendix caeci, about the size of a chocolate nut; composed of faecal matter, and phosphatic externally. Symptoms of peritonitis came on two days after intemperance in eating quickly, terminating fatally;

a small fæcal abscess, limited by adhesion, was found in close contact with the appendix cæci, which was three or four times its ordinary size.

Case of Mr. C., aged 22. See Prep. of cæcum, 1881⁹⁰.

8. Green Inspec. Book, p. 12.

- 1894⁵¹. Fæcal concretion from the appendix cæci, causing ulceration and fatal peritonitis; the nucleus was composed of phosphate of lime with a small amount of triple phosphate, and was surrounded by hardened fæces.

See Prep. of cæcum, 1881²⁵; Drawing of concretion, 325²⁷.

Record of Inspection, 153. 1855.

- 1894⁷⁵. Piece of bone taken from the rectum which produced sinuses, which healed after the bone had been removed.

Mr. Bryant's Mus. Cat., No. 63, p. 87.

- 1894⁷⁵. Blade of a penknife passed per anum, fourteen days after having been swallowed, by a child eight years of age whilst running; for two days it led to distressing symptoms of irritation about the stomach and œsophagus, increased by attempts at vomiting; these subsided on the third day, and no further annoyance was experienced.

Presented by Dr. Babington. 2. Note Book, p. 58.

- 1894⁸⁰. Portions of blades, and handles of knives, and a metallic button, found in the stomach of John C., who died in Guy's ten years after having swallowed them.

See Prep. of the stomach, 1800 and 1894⁸¹, of substances passed per anum.

- 1894⁸¹. Several portions of blades and handles of knives passed per anum on different occasions by John C., before his admission into Guy's.

Presented by Dr. Lava and Mr. Kelly.

- 1894⁸⁵. A mass of stones, passed per rectum by a lunatic who had swallowed them to destroy life. Seventy-two were passed, weighing seven ounces.

Presented by W. P. Kirkman, Esq., Suffolk County Asylum.

LIVER.

1895. The greater part of a liver much contracted, lobulated, and the peritoneal surface considerably thickened by inflammatory deposit.

- 1895⁵⁰. Portion of the liver much contracted and lobulated; the peritoneal coat is considerably thickened, and the acini are observed to be granular (cirrhosis).

Case of Lucy C., aged 45, admitted with ascitis, which she had had for three months; she was tapped several times, and had symptoms of peritonitis. After death the whole peritoneum was found thickened; a layer of lymph could be removed from it.

6. Green Inspec. Book, p. 123.

1896. Section of a large dense liver, its surface smooth, its texture close, firm, and drier than natural, believed to arise from hypertrophy of the acini (lardaceous?). The liver occupied nearly the whole abdomen, was 3 lb. 8 oz. in weight; it was removed from a child, James M., aged 5, who had had disease of the vertebræ. On examination, the brain and thoracic viscera were healthy, but there was considerable enlargement of the mesenteric gland.

2. Green Inspec. Book, p. 54.

- 1896²⁰. Section of a large liver, lardaceous.

From a child, John R., aged 10, affected with strumous disease of the hip joint, said to arise from hypertrophy of tissues; the thoracic viscera were found to be healthy; mesenteric glands pale. The child died from hæmorrhage from the femoral artery.

See Prep. of hip, 1317⁴⁰, of artery, 1504⁸⁰. 6. Misc. Inspec. Book, 28.

- 1896²⁵. Portion of lardaceous liver; the organ was affected in an extreme degree.

Case of James D., aged 18, admitted under Mr. Hilton's care in 1856, with chronic disease of the hip; abscesses formed around the joint, and dysenteric diarrhœa came on; the spleen and kidneys were lardaceous; no true tubercles were found in the lungs. See Prep. of spleen, 2005.

Record of Inspection, 71. 1856.

- 1896⁶⁰. Portion of liver, with a tubercular projection from it. This projection consists of liver structure, but is changed in

character; there appears to be hypertrophy of Glisson's capsule, and fatty degeneration of the acini at this part.

1896⁸⁰. Portion of the liver, which shows an extension of the left lobe, slightly overlapping the spleen.

1897. A portion of the liver, showing its diaphragmatic surface indented by a deep groove. This is applied to a ridge on the inferior surface of the diaphragm; the superior surface of the diaphragm is covered by false membrane, and is adherent to the lung; the contraction of the membrane appears to have led to the abnormal condition of the diaphragm.

Case of John K., aged 55, admitted with jaundice, and died after a short time, previously having symptoms of cerebral oppression and great prostration; the liver was larger than its natural size and pale, and contained many points of pus; the largest hepatic abscess contained about an ounce of pus; the appendix cæci short and ulcerated, and external to it several points of pus; the mesenteric glands were suppurating, and numerous points of pus were found in the mesentery.

5. Green Insp. Book, p. 140.

1898. Portion of a liver having four deep parallel depressions on the superior surface; the deepest is nearly half an inch in depth. These are supposed to have been produced by pressure from the ribs.

1898⁵⁰. Portion of liver from a patient affected with phlebitis; a large branch of hepatic vein contains a coagulum, and in its course are numerous inflamed spots, showing apparently commencing suppuration.

1898⁵⁵. Portion of liver, presenting very numerous small abscesses, from a patient who died from phlebitis.

Case of James D., aged 37, admitted under Mr. Hilton's care, May, 1856, with diseased phalanx of the middle finger; the finger was removed; symptoms of pyæmia came on ten days afterwards, and he died on the sixteenth day after the operation; there was a small patch of pneumonia in the lungs. Prep. of bone, united fracture, 1197⁶⁵.

Record of Inspection, 1856, No. 120.

1899. Portion of liver and lung, with diaphragm adherent; a large

abscess in the liver has extended through the diaphragm, and formed a large cavity in the lower lobe of the lung.

- 1899⁵. Portion of the liver, containing an irregular abscess, communicating with a thickened and inflamed branch of the vena porta; the abscess was situated in the left lobe of the liver, and had given way into the peritoneal cavity.

From John W., aged 49, a patient of Mr. Hilton's, who was admitted with injured hand, and died from pyæmia.

Record of Inspection, 115. 1854.

1900. Portion of liver with a considerable abscess, without a circumscribed cyst; the inflammation of this portion of the organ has led to the separation or slough of a portion of it, of a globular figure, and nearly detached within the cavity of the abscess.

From Mr. Davy's Coll. B. Harrison, Esq.

- 1900²⁵. Portion of liver, containing a large abscess; the walls of the abscess are exceedingly irregular and ragged.

This preparation was from a patient, Henry B., affected with melancholia in the Peckham workhouse; his age 29, a man of very intemperate habits. On admission into the asylum, the liver was found to be somewhat enlarged; he improved in health considerably, but three weeks afterwards was seized with severe pain in the region of the liver; this soon presented all the characters of peritonitis, the pain became exceedingly distressing; he passed into a typhoid condition, the brain became oppressed, and on the eighth day he died. On inspection there was peritonitis, especially over the liver; the right lobe was much enlarged, prominent towards the cartilages of the sixth and seventh ribs, and encroaching on the stomach; an abscess at this part was found to contain a pint and a half of pus.

2. Note Book, p. 43. Presented by Messrs. Carrington & Gale.

1901. Liver containing, at the junction of the right and left lobes, a large and defined abscess, capable of containing about a pint of fluid; the parietes of the abscess are generally smooth; the peritoneal surface is roughened by old adhesion. The preparation also shows the spleen and stomach adherent to the liver, and two of the ribs, which severally bound a second collection of pus.

Old Museum Book, No. 250.

1902. Sections of liver containing an abscess, which was opened twice during life; a large quantity of unhealthy discolored pus was evacuated.

From a patient of Dr. Cholmeley's.

1903. Liver, the right lobe is nearly wholly destroyed by a large abscess; this was sufficiently large to contain six pints of pus, and extended behind the peritoneum and the kidneys to the pelvis; the cellular tissue around the bladder, uterus, and ovaries was destroyed, and the abscess reached the perineum; the diaphragm is shown in the preparation adherent to the liver; a very thin layer of liver structure separated the abscess from the muscle; the right lung was much encroached upon by the large size of the liver.

The patient, Elizabeth C., was 31 years of age, and ten months before her death, during menstruation, caught cold; febrile excitement and pain at the pit of the stomach came on, and afterwards pain in the right hypochondrium; the pain afterwards was principally felt lower down in the right side. Her symptoms were weakness, loss of appetite, and febrile disturbance; she occasionally passed blood by stool; an attack of diarrhoea came on, and she shortly died.

Old Museum Book, No. 5.

- 1903¹⁶. Liver of a child aged two years, with a large abscess in the right lobe; the walls of the abscess exceedingly irregular; the diaphragm formed part of its parietes; the abscess was distended with about one pint of heterogeneous fluid, resembling the usual contents of the stomach, and containing flakes of scrofulous matter. The child died from scarlet fever; the peritoneum healthy.

Case of Julius S., aged two years. 1. Misc. Inspec. Book, p. 131.

- 1903³². Section of liver, showing dense cartilaginous tissue surrounding a firm growth; it was contained in the substance of the liver, and led to puckering of its surface; it was supposed to have been the remains of hepatic abscess which had burst into the alimentary canal, but of this there was no proof; probably had its origin in inflammation of a strumous character.

- 1903⁴⁸. Another section of the liver mentioned above, showing the solid character of the tumor.

1903³⁵. Section of liver, showing several dried cheesy masses surrounded by a firm fibrous investment; they are situated in the course of the portal veins; there was puckering on the anterior surface of the liver; other portions of the liver were lardaceous. A portion of the colon, showing that nearly the whole of the membrane was thickened and altered by irregular cicatrices, is put with the liver.

Case of Thomas R., aged 31, admitted under Dr. Habershon's care, October, 1856. He had been a soldier, had drank very freely of rum; two and a half years before his death, whilst in Bermuda, during intoxication was exposed at night, and became exceedingly ill. On admission into Guy's, he had the symptoms of disorganization of the lungs, which was found after death.

Record of Inspec., 214. 1856.

1903⁴⁰. Portion of liver, on the dorsum of which is deep depression produced by contraction; the section shows that this contraction is continuous with branches of the vena porta, around which is some dense tissue; it has probably arisen from an obliteration of the vessels at this part, with subsequent contraction and atrophy.

Case of Robert S., aged 33. This patient was admitted with an ulcer on the leg, with exfoliation of the tibia; erysipelas came on and jaundice, and he died about one month after admission. The serous cavities contained yellow serum; there was gangrene at the upper part of the thigh; the liver was considerably enlarged and mottled, of a lightish yellow color; at the middle of the right lobe was the fissure above described, and in the left was a mass of fibrinous deposit about the size of a walnut; the liver around it indurated and contracted.

14. Misc. Inspec. Book, p. 140.

1903⁴⁵. Section of liver with a slight depression on its surface; the vessel beneath found to be obliterated, thus indicating commencing atrophy at the part.

From Robert G., aged 43, who died of phthisis, with ulcerated larynx and intestine.

Record of Inspec., 41. 1854.

1903⁵⁰. Section showing a deep fissure, consequent on atrophy from obliteration of the vessels beneath; there is considerable inflammatory product, and several masses of fatty degenerated liver structure.

Case of John E., aged 46, admitted December, 1853; he had ascites, and died from peritonitis after paracentesis.

The lobulated condition of the liver, see Drawings, 334⁵, 334⁶.

New Vol. Inspec. IV., p. 273.

- 1903⁵⁵. Section of portion of the right, and the whole of the left lobe of the liver, which latter is extremely degenerated, resembling a hard fibrous mass, with smaller masses of fatty tissue in it.

From Thomas C., aged 43, admitted December, 1853, and died from peritonitis; large white kidneys; sloughing mucous membrane of the ileum; lobular pneumonia. He had been exceedingly intemperate in his habits.

New Vol. Inspec. IV., p. 294.

- 1903⁶⁴. Portion of liver, with a small collection of cretaceous matter imbedded in the surface, and surrounded by dense fibrous tissue. It was supposed to be the remains of a small abscess from mechanical injury, or more probably the result of strumous degeneration and absorption.

See Prep. of skull, 139¹⁰; of cuticle, 419³⁵; of scrotal tumor, 1620⁶⁹, 1620⁷⁰, 1620⁸⁰; spermatic cord, 2367⁷⁰. Casts of head, No. 8; casts of scrotal tumor, natural size and miniature, No. 224, 225, 226. Drawings, 225, 226.

Case of Hoo Loo, a Chinese sailor, from whom an immense scrotal tumor was removed.

- 1903⁶⁵. Section of liver, showing a small tumor on the surface, partially imbedded in the structure of the gland; it consisted of a fatty centre, surrounded by layers of fibrous tissue. It was doubtful whether this arose from strumous tubercle; no evidence of hydatid disease could be found.

From William R., aged 71, who died from diseased kidneys and pneumonia.

Record of Inspec., 1855. No. 162.

- 1903⁸⁰. Portion of liver from the neighbourhood of the gall-bladder, its surface puckered and irregular from internal contraction; a portion of omentum is adhering to it. There is a corrugated cyst with thick parietes, superficially imbedded in the substance of the liver; it appears to be the remains of an abscess, or the gall-bladder wasted after calculus.

Presented by Dr. Stroud.

1904. Section of granular liver partially injured. Patient affected with dropsy.

1905. Portion of liver, described as scirrhus, but which is apparently lardaceous.

1906. Portion of liver removed from the dissecting-room at Guy's; it had a lobulated appearance; the depressions between the lobules are continuous, with membranous bands which extend into the substance of the liver, as far as the larger divisions of the vena porta and Glisson's capsule. The lobular portions themselves appear to have undergone fatty degeneration.

1. Green Inspec. Book, p. 152.

1906⁵⁰. Portion of liver, contracted and lobulated. The surface is granular, and presents numerous depressions from the contraction of inflammatory deposit; the section exhibits a considerable quantity of fibrinous deposit in Glisson's capsule, around the branches of the vena porta; attached to the surface is a long bridle of peritoneal adhesion, with a small tuberosity body attached to its extremity.

Case of William F., aged 37.

See Prep. 2434⁷⁰ and 2434⁷⁷ of peritoneum.

1907. Portion of liver, hob-nailed or cirrhus, or gin-drinker's liver. The section shows the irregular contraction of the surface of the liver, with thickening of the peritoneal coat; the gall-bladder is considerably thickened and contracted, and is laid open; the gall duct and portal vessels are surrounded by a considerable quantity of inflammatory deposit. The section of the liver exhibits fibrinous deposit in Glisson's capsule between the acini, the contraction of which has led to the granular appearance of the section.

1907¹⁶. Portion of the liver, the surface of which is remarkably contracted and nodulated, probably from the contraction of fibrinous deposit. On tearing a portion of the organ, it appeared to resemble the structure of pancreas rather than that of liver.

Case of Mary P. This liver was removed from a prostitute who died from acute pneumonia; the spleen was large and firm; the liver, as shown by the cast, was very large, and must have extended quite across the abdomen. See cast of liver, 259.

5. Green Insp. Book, p. 102.

1907²⁸. Cirrhotic liver, portion of which has been macerated, and which shows more distinctly its granular character.

1907³². A portion of granular liver which has been macerated and dissected.

1907⁴⁸. Section of liver, the surface mammillated and irregular; the section exhibits a considerable quantity of inflammatory deposit around the portal vessels and between the acini, which form rounded prominent masses. The other side of the section exhibits small round prominent masses, after the removal of the intervening fibrous tissue.

1907⁴⁹. Another specimen, from the same subject as the preceding.

1907⁸⁰. Portion of right and left lobes of the liver; its surface irregular and mammillated, especially the inferior surface. The section has a lobulated and irregular appearance, from the development and contraction of fibrous tissue; the gall-bladder is considerably thickened from similar deposit.

Case of Patrick M., aged 45. This patient, whilst in apparently robust health, received a severe fracture of the skull whilst at work. In the inspection, the liver was found as described, and Glisson's capsule and the mesentery were said to be emphysematous; the kidneys large and mottled. The body was not cold at the time of inspection.

9. Green Inspec. Book, p. 155.

1908. Portion of liver, indurated and nodulated by the contraction of fibrous deposit between the acini; there are likewise numerous miliary elevations upon the peritoneal covering. It was taken from a young woman, aged 23, affected with dropsy; her first symptoms had been amenorrhœa.

1908⁶⁴. Portion of liver, thickly studded with small rounded bodies, from the size of a millet seed to that of a peppercorn, which produced slight elevations upon its surface, and per-

vaded the section. Described as resulting from excess in the administration of mercury.

Presented by Mr. M. H. Roberts.

1909¹⁰. Portion of liver, which presents beneath the peritoneum a hemispherical mass the size of a chesnut, pretty distinctly confined and very vascular, apparently consisting of a minutely reticular tissue filled with coagulum, and of pale red color; it seems to have been more tumid, possibly the result of effused blood and subsequent absorption.

1909²⁰. A portion of liver, containing a small vascular growth about the size of a pea. Nævus, or effused blood.

Case of John M'C. This patient died from valvular disease of the heart. The kidneys were large and slightly granular.

9. Green Inspec. Book, p. 114.

1909²⁵. Portion of liver, containing a mass of vascular tissue (nævus) about the size of a chesnut; there were several other smaller masses of similar character.

Case of H. H., aged 60. This patient was delirious three days before death; great lateral curvature of the spine, and the chest was contracted. There was inflammatory condition and congestion of the membranes of the brain; the rima glotidis contracted by a tumid state of the membrane; liver congested; kidneys slightly indurated.

New Vol. I., p. 26.

1909²⁶. Portion of liver, presenting a small red mass, apparently consisting of delicate reticulated growth; when washed it consisted of blood, delicate fibrous tissue, and nucleated cells, believed to be cancerous.

Case of Stephen T., aged 41, admitted under Mr. Callaway's care, June, 1854, with calculus in the bladder, and cancerous growth in the bladder of a villous character. The colon was ulcerated, and there was a cicatrix in the stomach; he was a temperate man, who had resided at Hastings. When a child, had symptoms of calculus; these symptoms disappeared when he was 12 years of age; at 22 they returned with hæmaturia; he partially recovered till three months before admission.

See Record of Inspection, 136. 1854.

See Prep. of bladder, 2104⁸, Drawing of liver, 340⁶⁷.

1909³⁰. Portion of liver, in which there is a mass about the size of

a large cob-nut, apparently composed of blood, and resembling apoplexy as seen in the lung; it was situated immediately beneath the peritoneum, and projected slightly. The section of this clot, when macerated, displayed an arrangement of cells with delicate septa; the result of a blow.

Case of Margaret M., aged 50; she was a nurse in Lydia ward. Six weeks before her death had received a severe blow in the right hypochondriac region, by falling upon a piece of projecting iron; she was cupped, and appeared to regain her usual health. Thirty-six hours before death was seized with acute peritonitis, which was found to result from the rupture of a faecal abscess communicating with the rectum; the rectum at that part was slightly contracted by a recto-uterine inflammatory adhesion.

2. Misc. Inspec. Book, p. 80.

1909⁴⁰. Portion of liver, with numerous cysts imbedded in its substance; they are more numerous towards one extremity, and affect the convex rather than the concave surface; they appear to be dilated cells rather than adventitious structure—dilated vessels or ducts. (Hydatids?) The kidney nearly in contact with this part of the liver was almost converted into a mass of irregular cysts.

See Prep. 2047⁷⁵. Presented by Mr. Key, Jun., Clapham.

1909⁵⁰. Portion of liver affected with abscess, said to communicate with the hepatic duct, probably arising from phlebitis.

1909⁶⁰. Portion of cirrhotic liver, presenting very peculiar cysts or distension of ducts.

From Fort Pitt Museum.

1909⁶¹. Portion of cirrhotic liver, the peritoneum is thickened and granular; the section is remarkably granular, and there is much hypertrophy in Glisson's capsule. It was removed from the body of a person who died in consequence of excessive drinking; there were no symptoms of hepatic disease during life. When removed, the liver had the appearance of pancreatic gland structure.

Fort Pitt Museum.

- 1909⁶². Portion of liver, exhibiting interstitial absorption of a considerable portion of the centre of that organ; the remaining part appears cirrhotic.

Fort Pitt Museum.

1910. Portion of cirrhotic liver, partially injected, showing pressure of the vena cava from contraction of inflammatory product.

Case of Mary P., aged 55, admitted with diseased aortic and mitral valves, with granular kidneys and cirrhosis.

Record of Inspections, New Vol. IV., p. 278.

1911. Portion of liver, showing advanced fatty degeneration; the liver was considerably enlarged. It was removed from the body of a young medical man, who had frequently had syphilis and dysentery, the latter several years before his death. He had not been intemperate in the use of wine and spirits. Stricture of the rectum came on, and was followed by stricture high up the large intestine, which led, some time before death, to faecal abscess, which was opened above the crest of the ileum. He appeared to die from exhaustion; the lungs and heart were healthy; the gall-bladder contained bilious mucus.

2. Green Inspec. Book. Dr. Bright's Book, first part.

1912. Section of liver, structure degenerated; the liver was enormously enlarged, extending to the crest of the ileum and beyond the spleen; it was of a lightish yellow color; the posterior part was firm and almost cartilaginous, having a peculiar translucency and unnatural uniformity of structure. In the neighbourhood of the indurated parts the acini were small, but in the greater part of the liver were much enlarged; it had not the usual appearance of fatty liver, but burnt readily.

Case of William S., aged 14. Four years before his death had rheumatic fever, which was followed by ascitis and œdema of the lower extremities; blood was passed in the urine and with his stools; the urine afterwards found to be very coagulable. He was salivated, and took iodide of potassium, but without relief; a short time before his death rheumatic pericarditis came on. On inspection, the liver was

found as described; the pericardium covered by a thick false membrane; the kidneys mottled and white; the lungs were healthy.

See Prep. of heart, 1446. Dr. Bright's Reports, part 1.

3. Green Inspec. Book, p. 22.

- 1912⁵⁰. Portion of liver from a malformed fœtus, which, besides perversion in shape, appeared deficient in urinary organs; the mass of the liver was of rather a lighter color, and decidedly firmer texture, than usual; it was mottled by portions of a lighter and yellow color, and in some of the latter were cavities of various sizes, presenting a smooth defined internal surface lined by membrane; they had the appearance of cysts, but were probably irregularly dilated tubes; the orifices of some of the bile ducts were distinctly visible, but their ramifications did not extend into cysts.

8. Green Inspec. Book, p. 72. Presented by Dr. Clark.

1913. Portion of liver, containing small masses of degenerated liver structure, surrounded by fibrous tissue; the surface above some of them is puckered; the peritoneum is thickened and roughened.

From Daniel P., 34 years of age, who died from renal anasarca. The kidneys were found granular and mottled; the heart stated to have been healthy.

See Prep. of spleen, 2003. 1. Green Inspec. Book, p. 157.

1914. Portion of liver, containing several more or less defined cavities, said to be dependent on the softening of tubercles.

1915. Portion of liver, containing numerous very minute tubercles, only observed on close inspection; others are observed more distinctly on the surface.

From George B., aged 6, who after measles had bronchitis; he gradually emaciated and died. On inspection, tubercles were found in the lungs, see Prep. 1737²⁵; in the spleen, Prep. 2008⁵⁰; and in the kidneys; none in the brain.

Record of Inspection, 1856. No. 132.

- 1915²⁵. Section of liver, presenting very numerous minute tubercles throughout its structure; they were about one-sixteenth of

an inch in diameter, and appeared to follow the distribution of the portal system; they consisted of nuclei and amorphous substance; the liver was much enlarged, and of a red color.

Case of William R., aged 37, admitted under Dr. Hughes' care into Job ward, 1856. The patient was exceedingly ill on admission. He had been a sailor nearly all his life. On admission was in a febrile condition, and jaundiced; he gradually passed into a typhoid condition. There were tubercular disease of the lungs, and pneumonia; tubercles in the lymphatic glands, ulceration of the intestine, and a splenic abscess with tubercular deposit. Preparation 2008⁵⁵. He had never had ague or dysentery, and said that he had been temperate.

Record of Inspection, 47. 1856.

- 1915⁵⁰. A section of liver, presenting very numerous rounded masses, from the size of a pea to that of an apple, probably carcinomatous, with scarcely any intervening liver structure; when everted, they appeared to have been cystiform; their consistence and color varied, some of a whitish color, others colored with bile or blood. The liver was very large, and was universally adherent to the parietes; there was ascites; the serum was slightly tinged with bile; the patient had a light jaundiced color.

Case of John B., aged 30. 18. Misc. Inspec. Book, p. 21.

See Drawing, 331⁴⁰. Preparations of liver, 1915^{51, 52}.

- 1915⁵¹. Another specimen.

- 1915⁵². Another specimen, showing the nodular surface and rather more secreting structure.

1916. Injected preparation of portion of liver, containing numerous tubercles, probably carcinomatous; they are of small size, circular, and imperfectly defined.

- 1916⁴⁰. Portion of liver filled with carcinomatous tubercles, with a small portion of healthy intervening secreting structure.

From a patient of Mr. Morgan's, who died from cancer of the eye and of the lung.

See Preps. of lung, 1752⁵⁰, and of the eye, 1669³².

- 1916⁸⁰. Section of liver, showing several scirrhous tubercles, with a small portion of intervening healthy liver structure.

From a patient who had carcinoma of the mesenteric glands.
See Prep. 1836⁴⁴ of small intestine. Presented by Mr. J. Morgan.

1917. Section of liver, containing carcinomatous deposit, which is very imperfectly defined; there was cancerous disease of the breast and tibia.

1918. A section of liver, presenting large carcinomatous masses, occupying nearly the whole structure of the liver; the centre of several masses was broken down and sloughing, and formed a spurious abscess.

Case of Robert W., aged 32, admitted September, 1855. He had been ill for four months; the lumbar glands were extensively diseased, and the parietes of the rectum destroyed.

Record of Inspection, 1855, No. 183.

1920. Portion of liver, containing carcinomatous tubercles, which are defined and softening in the centre. The patient had similar disease of the breast.

- 1920²⁰. Portion of liver, containing a large tolerably defined fungoid tubercle.

Presented by Mr. Thos. Callaway.
See Prep. 1920⁴⁰ of liver, and of gall-stones, 1978⁵⁰.

- 1920⁴⁰. Portion of liver, containing a carcinomatous mass, which is softening in the centre. The lower part is adherent to the intestine; and the outer surface of the tumor is roughened by fibrous adhesions.

See Preps. 1920²⁰, and of gall-stones, 1978⁵⁰.

- 1920⁶⁰. Section of liver affected with carcinomatous disease, which is remarkably diffused; the remaining part of the liver healthy.

From Ann B., 44 years of age, who was affected with carcinomatous disease of the uterus; the lumbar glands were affected. The color of the preparation is much changed by spirit.

10. Green Inspec. Book, p. 93.

See Preps. 1558⁴⁰ of lumbar gland, 1743⁷⁰ of lung, and 2266¹⁸ of uterus.

1920⁸⁰. Portion of liver, its surface uneven, and containing diffused white deposit, supposed to be carcinomatous.

Presented by Dr. Wm. Stroud.

1921. Portion of liver, containing several circular carcinomatous tubercles; the preparation has been partially injected, and presents vessels surrounding the tubercles. The patient had cancer of the breast.

1922. Portion of liver, containing several large carcinomatous tubercles; the preparation has been injected, and presents capillaries passing into the substance of the growth; the tubercles were raised above the surface of the liver, and depressed in the centre. The gall-bladder is shown in the section thickened, and contains a calculus of cholesterine.

The patient, S. G., was 45 years of age, and was admitted with cancer of the breast, uterus, &c.

See Prep. of breast, 2317; of uterus, 2278⁴⁰; and cast of liver, 260; and breast, 282.

3. Green Inspec. Book, p. 15.

1922⁵. Section of liver, containing numerous carcinomatous tubercles; the gall-bladder is very much distended, and its duct obstructed by a gall-stone.

Case of Charlotte J., aged 62. She had been suffering for twelve years from palpitation of the heart and general debility; the lungs were affected with cancerous disease, and the kidneys were granular.

Preparation of sigmoid flexure, 1854⁸².

Record of Inspection, 212. 1855.

1922¹². Section of liver, containing numerous carcinomatous tubercles; there appears to have been considerable deposit about the gall-bladder, the walls of which are infiltrated. It contains a calculus of cholesterine; there is considerable thickening of Glisson's capsule, probably in part inflammatory; the peritoneal surface is considerably thickened, and presents numerous circular depressions.

This was removed from a charwoman, Elizabeth B., in very reduced circumstances, 56 years of age, who had scirrhus of the uterus; she was admitted into the hospital with ascites, and was tapped twice; there were old inflammatory disease of the peritoneum and thickening of the

omentum. The left lobe of the liver contained the remains of a hydatid cyst. See Prep. of uterus, 2278⁸⁰, and peritoneum, 2440⁸⁰.

11. Green Insp. Book, p. 129.

- 1922²⁴. Portion of inferior surface of liver, with pylorus and portion of pancreas attached; the liver contains several carcinomatous tubercles; the remaining part was of a pale color, and rendered almost homogeneous from the action of spirit; the gall-bladder is thickened, and presents several minute tubercles upon its surface; the pancreas was indurated; and the pylorus is seen in the preparation to have been ulcerated and thickened, and the muscular coat of the stomach hypertrophied.

This preparation was removed from a man, John S., aged 45, who was admitted with jaundice and ascites.

7. Green Inspec. Book, p. 42.

- 1922³⁶. Section of liver, which is full of firm, rounded, carcinomatous tubercles; there is very little healthy intervening liver structure; the liver was much enlarged; the gall-bladder is shown much thickened; the tubercles in the liver are described as having been of a firm consistency.

The patient, Mary R., aged 45, was admitted with cancer of the breast, and after death similar disease of the ovary and lumbar glands was observed.

See Prep. 2327⁵⁰ of breast. 3. Misc. Inspec. Book, p. 49.

- 1922⁴¹. Portion of liver, presenting cerebriform tubercles; a portion of this growth has passed through into the vena porta, and is seen filling up the vein.

- 1922⁴⁵. Portion of liver, presenting scirrhus tubercles.

- 1922⁴⁸. Portion of liver injected, containing numerous carcinomatous tubercles about the size of walnuts; they projected beyond the surface of the gland.

The patient, Ann C., was 48 years of age, and was admitted with scirrhus of both breasts, affecting principally the left; there were several firm glandular tumors in the anterior abdominal parietes; she became more emaciated, and gradually sank. Numerous hard tubercles were found in the liver, depressed in their centre; smaller ones were found in the omentum, mesentery, and peritoneum generally. Both ovaries were

enlarged and indurated, and the uterus contained a tumor about the size of an egg; on the lungs, several hard sub-pleural tubercles were observed.

See Preps. 2246³² of uterus and ovaries, and 2462⁵⁰ of peritoneum.

Drawing 379 of uterus and ovaries.

2. Misc. Inspec. Book, p. 13. Guy's Hospital Reports, Vol. III.

1922⁶⁰. Portion of liver, presenting several tubercles of carcinoma medullare; several of them are turned from their position, exposing a smooth cystiform surface.

It was removed from the body of Edward S., aged 55, who had been a butler and of intemperate habits. The liver is said to have weighed 13 $\frac{3}{4}$ lbs. The kidneys were large and slightly mottled.

2. Note Book, p. 42. Presented by Mr. John T. Lipscomb.

1922⁶¹. Another portion of the same liver.

1922⁸⁴. Portion of liver, presenting a large carcinomatous tumor, which was medullary and vascular; the digestion in fluid has removed the softer part of the growth, and shows its fibro-cellular structure.

1922⁹⁰. Portion of liver, presenting large carcinomatous masses, having a reticulated appearance from softening; the liver is firmly adherent to the diaphragm, and the disease appears to have extended through to the adherent lung above.

1923. Liver of a child, with small carcinomatous tubercles imbedded in it.

See Prep. 2054, cancer of kidney. Presented by Mr. Pearse.

1927. Portion of liver, containing a prominent defined carcinomatous tubercle.

From John F., who had a similar tumor connected with the ligaments and bones of the spine, which had caused paraplegia and death; there were similar affections of one of the ribs, of the sternum, cranial bones, and dura mater, and also the bronchial glands.

See Prep. of spine, 1028; of sternum, 1042; of pericardium, 1449; of gland, 1554, 1548; of pleura, 1782; and of spleen, 2012.

See Mr. Key's Record of Inspections.

1928. Portion of liver, with a defined carcinomatous tubercle in it; the fibro-cellular portion of the deposit is well shown.

1928³². Portion of liver, with a large defined carcinomatous tubercle on its under surface, and immediately connected with the peritoneum, which is thickened and irregular and roughened.

Case of Ann B., about 35 years of age, who was admitted with enlargement and perceptible tumor in the abdomen. After death the peritoneum was found almost inextricably matted together by thick adhesions, containing tubercles of various sizes; the omentum was converted into a thick mass of fungoid tumors; the pelvis contained also a solid mass of tubercles, infiltrating and surrounding the structures. There was similar affection of the lumbar glands and spleen.

See Preparation of spleen, 2011⁵⁰; of uterus, 2266⁴⁸, 2266⁵⁴; of omentum, 2469²⁸; and Drawing of uterus, 397.

8. Green Inspec. Book, p. 59.

1928⁶⁴. Portion of liver, with a large well-defined carcinomatous mass.

From a patient who died with obstinate diarrhoea, which was occasioned by mesenteric tumors of the same kind; softened and communicating with the intestine.

See Wax Model, No. 71. Presented by Mr. J. Hilton.

1929. Portion of liver, containing defined fungoid tubercles; they are principally observed in the specimen at the transverse fissure, with large absorbent glands; some of them had produced pressure upon the biliary ducts, and consequent jaundice.

Case of Mary H., 45 years of age, under Dr. Back's care in Dorcas ward. She had black jaundice; a short time before death had hæmatemesis. On inspection, the abdominal viscera were found deeply tinged; the stomach was distended with black fluid; the mucous membrane emphysematous; the liver had a greenish olive color, contained several carcinomatous tubercles; the bile ducts very much dilated throughout the substance of the liver. Gall-stone, see Prep. 1971.

4. Green Inspec. Book, p. 124.

1929⁵⁰. A considerable portion of the liver, containing numerous carcinomatous tubercles, and one on its convex surface, which was perceptible during life; the liver was a good deal changed in form; and the gall-bladder was situated

on the convex surface near the diaphragm, and contained some healthy bile. A mass of enlarged and indurated glands are seen connected with the pancreas, and the opposed surface of the duodenum was perforated by an ulcer of the size of a sixpence; this is observed at the lower part of the preparation.

The patient, Benjamin J., about 40, had suffered from jaundice for eight years; a short time before his death he voided a large quantity of blood, and rapidly sank.

6. Green Inspec. Book, p. 144.

1930. Portion of liver, almost composed of defined carcinomatous tubercles; very little intervening liver structure is observed; some of the tubercles are in a state of softening.

1931. Portion of liver, containing large fungoid tubercles, some of which are softening; these tumors form considerable eminences from the surface of the liver.

1931²⁰. Portion of the liver, containing very numerous tubercles of melanotic cancer.

1931³². Portion of liver, containing a hard tumor, ossific in its centre, and believed to be scirrhus. The saw was required for the division of the centre of the tumor. The external surface of the liver was extremely irregular and nodulated; the peritoneum was almost universally covered with nodulous pedunculated tumors, of great variety in size and color. There was no affection of the absorbent glands.

From William G., aged 21, a patient in Lazarus ward, under Dr. Cholmeley's care; he was of small stature, and had a strumous appearance. He was admitted with chronic ascites; the disease may possibly have been of a strumous character.

See Preps. of peritoneum, 2470^{7, 49}. 6. Green Inspec. Book, p. 109.

1931⁶⁴. Another section of the same liver, showing more clearly the ossific centre.

1932. Portion of liver, containing well-defined numerous fungoid tubercles.

1933. Portion of liver, containing defined carcinomatous tubercles, which are of a dark color. The deposit is breaking down at the circumference of the tumor.
1934. Section of a greatly enlarged liver, presenting very large carcinomatous tubercles; one of these tumors is more than a foot in circumference; fibrous tissue is seen intersecting the tumor in various directions, giving it a cystiform appearance; some of the tubercles are softening.
1935. Section of liver, presenting defined carcinomatous tubercles, surrounded by fibrous tissue, and causing a cystiform appearance; some of the tumors have a melanotic appearance, from the deposit of pigment cells in them.
1936. Section of enlarged liver, almost filled with carcinomatous tubercles; some are large, and have melanotic deposit in them; scarcely any secreting structure is observable.
1937. Portion of liver, with several large medullary or melanotic tubera in different stages of its development; the same disease existed in the absorbent glands, kidney, and skin.
See Preps. of glands, 1551, 1555; of skin, 1661; of kidney, 2062.
- 1937⁴⁰. Small portion of liver, showing small melanotic tumors studded throughout the gland structure; they vary in size from a pin's head to a hazel-nut.
Fort Pit Museum.
- 1937⁴⁵. Two portions of liver, containing numerous melanotic tubercles.
- 1937⁶⁰. Portion of liver, containing large defined fungoid masses; removed from the body of a Greek, in whom the liver weighed 15 lbs. The pancreas, aorta, and integuments were affected with the same disease.
Fort Pit Museum.
- 1937⁸⁰. Portion of liver, containing a large melanotic mass.
From a woman who had melanosis of the eye and side of the face.
See Prep. 1668⁶⁴ of the eye, and Wax Model 37.
Presented by M. Gossett, Esq.

1937⁸⁵. Portion of liver, containing numerous melanotic tumors of various sizes.

See Model of the face, 290; and liver, 72.

1938. Portion of liver, containing a circumscribed tubercle, supposed to be carcinomatous.

Removed from James B., aged 26, who was operated upon by B. B. Cooper, Esq., for strangulated congenital hernia. There was no similar disease in any other viscus or gland.

4. Green Inspec. Book, p. 37.

1939. A small cartilaginous body, embedded in and slightly attached to the surface of the liver.

1940. Two small isolated cartilaginous tumors, slightly attached to the surface of the liver.

1941. Portion of liver, containing a large hydatid cyst, which has extended to the surface.

1941⁵⁰. Portion of liver, containing hydatid cyst, capable of holding about a pint of fluid; the tunic is thin but dense. The coat of a large hydatid from the same cyst is thick and opaque, and its layers peeling off.

Presented by Mr. Tatham.

1942. Two large hydatid cysts, dried; they were connected with the liver, and formed a tumor in the lumbar region.

Presented by Dr. Whiting.

1942⁵⁰. Dried hydatid cyst from the left lobe of the liver.

From Ann M'G., aged 36, who died from fever with lobular pneumonia; there was strumous disease of the kidney. She had been subject to epilepsy from childhood.

14. Misc. Inspec. Book, p. 8.

1943. Two large dried hydatid cysts from the liver.

Presented by Dr. Bright.

1944. A large hydatid, found solitary in the liver of a child seven years old.

From a dispensary patient of Dr. Hodgkin's.

1945. Hydatid cysts of various sizes, from the liver and abdomen.

Case of Edward C., admitted under Dr. Cholmeley's care; his abdomen was distended to a large size; it was unequal and hard, and fluctuation could not be detected. On inspection, the abdomen appeared to be filled with hydatid cysts of various sizes; they were connected with the omentum and peritoneum; they penetrated the liver in all directions; others occupied the spleen; on the right side a large hydatid cyst had passed through the diaphragm, and had formed a projecting tumor on its superior surface; on the left side a similar action had been prevented by firm pleural adhesions. The man appeared to have died from apnœa.

Red Inspection Book, p. 170.

1945²⁰. A dried hydatid cyst, more or less spherical in form, nearly ten inches in diameter; the dried remains of the gall-bladder are attached to it.

From Thomas L., aged 22, who was under the care of Dr. Bright in Naaman ward. Hydatid cysts of various sizes filled the whole abdomen, and were connected with the omentum and peritoneum; some as large as a child's head. The structure of the kidney was expanded over one of these cysts; others of large size were found in the liver and spleen; on the right side a cyst had protruded through the diaphragm.

See Prep. of kidney, 2022⁸⁴; of hydatid, 2567⁹⁰.

10. Misc. Inspec. Book, p. 8.

1945⁴⁰. Portion of liver, containing a rounded sac about the size of an orange; its tunic round and firm; the cavity contained the remains of hydatid.

From Jane M., aged 44, who died from phthisis. The liver was of normal size, pale and apparently fatty; and there was general peritonitis.

See Prep. of hydatid, 2566⁵⁰. 8. Misc. Inspec. Book, p. 51.

1945⁶⁰. Portion of liver, containing a thick cyst about the size of an orange, apparently situated at the transverse fissure of the liver; the remains of acephalocyst hydatids were found in the sac; the liver was abnormal in form, and of a dirty bilious color; the tissue between the acini greatly thickened (cirrhosis). In the substance of the liver were one or two cavities, supposed abscesses, one containing mortar-like substance and hydatid.

Case of Ann M'C., aged 48, of intemperate habits, who had had ascites and jaundice for two years.

See Preps. 1945⁸⁰, 2261²⁰ of uterus. 12. Green Inspec. Book, p. 45.

- 1945⁸⁰. Remains of hydatids taken from the cyst seen in the preceding specimen; they had lost their vitality, and were folded together in a mass of discolored grumous matter.
1946. Portion of liver, containing a cyst about the size of a hen's egg, filled with a friable substance and the remains of hydatid membrane.
1947. Remains of a cyst in the liver, about the size of a walnut, containing dead hydatid membranes and a friable substance.
- 1947¹⁴. Portion of liver, diaphragm, and lung; the liver contains a large irregular cavity, bounded by a very dense fibrous membrane, with a little bony matter; the cyst contained dirty turbid fluid and a little shreddy membrane; the diaphragm and lung are firmly adherent above. It was not quite evident whether this cavity was the remains of hydatid cyst or abscess.
- 1947²⁸. A portion of the tough ligamentous membrane with bony matter; removed from the afore-mentioned cavity in the liver; it was tinged with bile of an ochre-yellow color.
- 1947⁴². Portion of liver from the same specimen as Nos. 1947¹⁴ and 1947²⁸, with the abdominal parietes adhering to the convex surface; it shows the remains of an abscess which communicated with a sloughing cavity in the liver; it was opened a short time before death.

From William A., aged 40, who was a patient of Dr. Bright's in Luke ward. He had slight jaundice and pain in the side; a flattened tumor about the size of an orange appeared at the scrobiculus cordis; it was soft and fluctuating; it was opened a short time before death, and then very offensive matter escaped. On examination, the abdominal parietes were adherent to the surface of the liver around the orifice; this communicated with a cavity with sloughing parietes; the diaphragm alone separated this from the pericardium; the pericardium was distended with puriform fluid; two other cavities to the right were found as shown in the first specimen. In connection with the mesocolon was a cyst containing hydatids; and it seemed probable that

several cavities in the liver had a similar origin, though such could not be fully established.

See Preps. of lymph from peritoneum, 2434⁴⁹, 2434⁵⁶; hydatid cyst in meso-colon, 2473⁵⁰; and Drawing of meso-colon, 503.

8. Green Inspec. Book, p. 121.

- 1947⁵⁶. Portion of liver with a small ecchymosed spot, extending a short distance below the surface; it was occasioned by the extremity of a fractured rib; the peritoneal surface is unbroken.

It was removed from the body of a man, George B., aged 42, who was kicked from a house while in a state of intoxication. He had fracture of the frontal bone, and second, third, fourth, fifth, and sixth ribs on the right side; there was no injury to the diaphragm, but it appeared that the sixth rib had led to the injury of the liver. The man died from inflammation of the membranes of the brain; pus was effused between the injured frontal bone and the dura mater; the cavernous sinus and ophthalmic veins contained pus. He survived the injury rather more than three weeks.

See Preps. 1054⁸⁵, fractured ribs; 1076³⁵, skull; 1592¹⁴, dura mater; 1725⁷², lungs; and Drawing 348 of liver.

8. Green Inspec. Book, p. 36.

- 1947⁷⁰. Several portions from the walls of a large cyst, found in the posterior part of the liver of a Portuguese; the walls were of dense fibrous structure, and contained irregular ossific plates; it contained fluid of an ochre color and ragged portions of fibre, probably the remains of hydatid cyst.

From Antonio M., who died from chest disease; the cyst appeared to have made pressure upon the cava, and to have led to enlargement of the superficial veins.

See Preps. 420⁵⁰ of skin; 1765⁵⁰ of lung; and 1947⁸⁴ of liver.

10. Green Inspec. Book, p. 160.

- 1947⁸⁴. Portion of liver, containing a large cavity, from which the remains of a cyst, shown in the preceding preparation, had been removed; it was doubtful whether it was the remains of abscess or hydatid disease. It pressed upon the cava; the ductus choledochus was distended and filled with calculi; the base of the lung adhered to the diaphragm, which appeared to have been nearly perforated.

See Preps. 420⁵⁰ of skin; 1765⁵⁰ of lung; 1947⁷⁰ of liver.

9. Green Inspec. Book, p. 160. Case of Antonio M.

1948. Portion of liver, with superficial laceration on its convex surface.

From Eliza S., aged 27, who had fallen from a window. On inspection, considerable effusion of blood was found behind the peritoneum; some also in the cavity, arising principally from fracture of the pelvis; there was also slight laceration of the brain.

4. Green Inspec. Book, p. 42.

1949. Portion of liver, presenting a laceration about three inches in length, and extending for some distance into the substance of the gland.

From a patient of Mr. John Morgan's.

- 1949³². Portion of liver, showing several lacerations on the convex surface; the peritoneum was not lacerated, but a considerable quantity of blood was effused between it and the structure of the liver. The peritoneum and clot have been removed from the preparation.

The patient was 35 years of age, and in the ninth month of uterogestation. After eating plum-pudding and tripe, she was seized with violent vomiting, and died in thirty hours; the vomiting was believed to be the cause of the laceration; no blood was effused into the peritoneal cavity.

- 1949⁶⁴. Section of liver from the same subject as the preceding, showing the manner in which a thick layer of blood was interposed between the liver and its peritoneal investment.

1. Note Book, p. 156. Presented by Mr. W. Smith.

1950. Portion of liver, showing a rupture through the lobulus spigelii. Death resulted from hæmorrhage.

1951. Portion of liver, showing an extensive laceration on its convex surface.

- 1951⁵. Portion of liver, showing laceration of the right lobe, extending for three inches from before to behind; the laceration was filled by coagulum and effused lymph; it was undergoing repair; the adjoining parts were paler in color.

From Henry P., aged 25, admitted August, 1856. While at work a crane fell upon him, and fractured the pelvis, the thigh, and arm; he died on the third day; there was minute ecchymosis of the brain structure.

Record of Inspec., 152. 1856.

1951¹⁶. Portion of liver, showing a thick elongated patch beneath the serous membrane, of a dense white structure, probably the result of inflammation or reparative change following injury.

1951³². Portion of liver, with a dense semi-cartilaginous mass, upwards of three inches in length and one in breadth, on its convex surface, and extending about an inch in depth into the substance of the organ; it was supposed to be the result of old external violence.

Case of William S., aged 45. 12. Green Inspec. Book, p. 5.

1951⁴⁸. Portion of liver, containing a needle beneath its peritoneal coat.

1951⁵⁶. Simple hepatic cyst, about one inch in circumference; it is bounded by a thin semi-transparent membrane.

1951⁶⁴. Portion of liver, in which the bile ducts are very greatly dilated; the gall-bladder and its ducts are contracted, with considerable surrounding puckering of the substance of the liver; the ductus choledochus and duodenum are ulcerated.

1951⁸⁰. Portion of liver, with biliary calculi obstructing one of the ducts.

Langstaff's Museum.

1951⁸⁵. Portion of the liver, showing enormous distension of the bile ducts from cancerous obstruction; the pancreatic ducts are also very much dilated; the right semi-lunar ganglion was encroached upon by the cancerous disease.

Case of William H., aged 67, admitted 1856. In early life had been a sailor, and intemperate; he was admitted on account of œdema of the right leg, but was afterwards seized with severe pain in the abdomen, and gradually became jaundiced. He gradually sank six months after admission.

Record of Inspec., 15. 1856.

1952. Liver from a child ten weeks old, to which the gall-bladder is wanting. The infant died from inflammation of the brain.

3. Green Inspec. Book, p. 68.

- 1952²⁵. Portion of liver, with the duodenum firmly adherent at the site of the gall-bladder, which appears to have been destroyed by old inflammatory disease and contraction.

The patient, Mr. B., aged 48, had symptoms of gall-stone some time before death. He died from pneumonia.

See Preps. of the lung, 1729¹⁵ and 1729⁴⁵.

8. Green Inspec. Book, p. 28.

- 1952⁵⁰. Portion of liver, with the intestine firmly adherent at the situation of the gall-bladder, which appears to have been destroyed by ulceration; there are marks of old inflammation on the surface of the liver.

- 1952⁷⁵. Portion of liver, with the gall-bladder thickened and very much contracted, but containing two or three gall-stones. The cystic duct nearly or quite obliterated.

1953. Portion of liver, with the gall-bladder contracted to a very small size, and containing some calculi.

- 1953⁵⁰. Portion of liver, with the gall-bladder, the cavity of which is very nearly obliterated, and its parietes very much thickened; at its fundus are some small angular calculi, which appear to have passed through the muscular coat, and are only retained by peritoneum.

Presented by Dr. Stroud.

1954. Gall-bladder and common bile duct dilated, from cancerous disease at the head of the pancreas.

1955. Dilated gall-bladder, with indurated and remarkably small liver.

The patient, Ann N., aged 30, was affected with icterus, accompanied with delirium, and subsequently by coma; the gall-bladder was distended by almost black fluid.

Old Museum Book, No. 244.

- 1955²⁰. Gall-bladder, somewhat dilated, thickened, and indurated, with a partial valvular fold of the mucous membrane near its neck.

1955²⁵. Portions of the gall-bladder, presenting numerous minute pedunculated growths from the mucous membrane.

Case of Fanny L., aged 52, who died from apoplexy.

19. Misc. Inspec. Book, p. 52.

1955³⁰. Part of the neck of a gall-bladder, which was distended to the size of an uterus at term, and was suppurating; it contained no bile; the hepatic duct and common bile duct were free.

1955³¹. Another portion of the same gall-bladder as the preceding.

Case of Samuel W., aged 27, admitted under Dr. Babington's care. He was a plumber. Thirteen months before admission had swelling of the lower extremities, and nine months before admission felt a small tumor in the abdomen, which gradually increased in size. The tumor occupied the right lumbar, and hypochondriac and umbilical regions; severe pain came on in the abdomen a few hours before death. On inspection, the peritoneal cavity contained pus; the cyst was flaccid and nearly surrounded by liver structure; near the kidney a portion of its walls had given way; the cyst, an apparently enormously distended gall-bladder, contained two large wash-hand basins full of reddish, opaque, ropy secretion; no gall-stones were found.

19. Misc. Inspec. Book, p. 183. Guy's Hospital Reports, 1842.

1955⁴⁰. A dried preparation of the gall-bladder, at the fundus of which are three sacculi; in the largest, the furthest removed from the duct, was situated a calculus of considerable size.

Case of William H., aged 75, who died from senile gangrene.

4. Misc. Inspec. Book, p. 86.

1955⁶⁰. Gall-bladder of large size, which had been obstructed by small calculi; its tunics are thickened.

1955⁸⁰. Gall-bladder, the mucous surface of which is strongly developed; its parietes are remarkably thick from abundant loose cellular membrane, which has probably been in state of œdema.

1956. Mucous membrane of the gall-bladder, ulcerated.

1957. Portion of liver with the gall-bladder, on the mucous mem-

brane of which are some old cicatrices; it contained dark-colored flakes.

Case of W. B., aged 50, who died from diseased kidneys.

See Prep. of kidney, 2043, and 1991 of pancreas.

4. Green Inspec. Book, p. 92.

- 1957⁵⁰. Gall-bladder puckered, and presenting several cicatrices on its inner surface; it contained a calculus.

Case of Mrs. R., aged 55, who died from rupture of the left ventricle.

Presented by Mr. J. Smith, Kennington. See Prep. 1400⁷⁰.

1. Note Book, p. 155.

1958. Gall-bladder, with cicatrices in its mucous membrane; it contained black sabulous grains.

Case of George R., aged 40, who died after a fall, producing fractured ribs. See Prep. of biliary calculi, 1967, and of the sterno-clavicular joint, 1292⁹⁰.

5. Green Inspec. Book, p. 138.

- 1958⁵⁰. Portion of liver with the gall-bladder, the latter perforated by ulceration; in the mucous membrane there are several openings of various sizes, but only one appears in the peritoneum; there is considerable thickening and induration about the neck of the gall-bladder and its duct, as well as in the adjoining substance of the liver, in which is a ragged cavity, which appears to have contained a calculus; there is also ulceration of the duodenum.

Presented by Mr. Eben. Pye Smith.

1959. Portion of liver and gall-bladder, with a small angular calculus lodged in the parietes of the latter.

From a lady who died of apoplexy.

1960. Gall-bladder, containing several black calculi.

- 1960⁵⁰. Portion of liver with the gall-bladder, which contains numerous biliary calculi.

- 1960⁷⁵. Gall-bladder contracted around a mass of polygonal calculi a round one is in the cystic duct.

From a patient aged 68. Mr. Bryant's Catal., No. 56.

1961. Gall-bladder, which was filled with numerous biliary calculi; one of the calculi was lodged at the entrance of the duct; the mucous membrane is thickened and somewhat sacculated.

1961⁵⁰. Portion of the duodenum, with the ductus communis choledochus much distended, in consequence of a large gall-stone which obstructs its orifice; the calculus is exposed by a small incision in the duodenum.

Case of Ann C., aged 46, who died from phthisis, &c.

11. Misc. Inspec. Book, p. 24.

1962. Gall-bladder, containing three large dark-colored biliary calculi.

1963. Enlarged gall-bladder, with a large dark-colored calculus, crystalline and adherent.

1963⁵⁰. Portion of liver with the gall-bladder, to the internal surface of which is attached a cancerous growth about an inch in diameter; the liver was very much enlarged, and contained numerous cancerous masses; the hepatic veins were plugged and distended with coagula; there is a cancerous tubercle beneath the peritoneum, near the neck of the gall-bladder.

See vena porta, 1527⁷⁵ and 1528²⁰. Presented by Dr. Stroud.

1964. Liver containing white cancerous tubercles, and gall-bladder much thickened from the same disease, and ulcerated internally; it contained numerous biliary calculi, consisting of cholesterine.

The patient had cancerous tubercles under the skin.

See Prep. 1981 of biliary calculi. 2. Green Inspec. Book, p. 104.

1964³². Cancerous growth from the gall ducts; it put on the appearance of old coagulum, but was found to grow from a larger mass in the gall-bladder; it is still tinged with bile at the point at which the hepatic duct opened.

See Preps. of peritoneum, 2470^{28, 32}. 8. Misc. Inspec. Book, p. 148.

1964⁶⁴. Portion of gall-bladder, with a tubercle beneath its peritoneal coat.

Case of Thomas W., aged 44, who died suddenly from dilatation, &c., of the heart.

See Prep. of the heart, 1427⁵⁰. 9. Green Inspec. Book, p. 103.

1965. . Obstructed cystic duct, from a child who died of hydrocephalus; the gall-bladder was filled with white transparent mucus.

There was a perforation of the small intestine in the same subject. Preparation 1832.

Case of Richard E. 2. Green Inspec. Book, p. 13.

1966. Nearly colorless and transparent fluid, taken from the gall-bladder of a child who died of hydrocephalus, under the care of Dr. Curry. It appears to have been quite colorless and transparent when removed, but to have become subsequently a little discolored; it was regarded as bile, but is more probably the secretion from the gall-bladder.

- 1966²⁰. Gall-bladder dried, and containing several calculi; the common bile duct quite obliterated. The patient had jaundice three months before death.

1. Note Book, p. 1.

- 1966³². Portion of liver, with the gall-bladder and its ducts; the cystic duct obstructed about an inch from the bladder; the gall-bladder contained remarkably pale calculi.

Case of Ellen R., aged 22, who died from diseased kidneys.

See Preps. 2035⁷⁰, and of uterus, 2231¹⁶; also Drawing 373.

10. Green Inspec. Book, p. 86.

- 1966⁶⁴. Portion of liver, gall-bladder, ducts, and duodenum, showing the common bile duct obstructed at its termination by a biliary calculus, and, being much distended, projected into the intestine, forming a sort of prolapsus.

Case of Thomas D., aged 19, affected with chronic jaundice; the spleen was enormously enlarged, weighing 3 lbs. 12 oz.

6. Green Inspec. Book, p. 128.

- 1966⁷⁰. Portion of the duodenum, with the termination of the bile duct obstructed by a large calculus.

- 1966⁷⁵. Portion of liver, showing the bile ducts obstructed by enormous calculi.

Presented by Mr. Stocker.

BILIARY CALCULI.

1967. Small black biliary calculi, taken from the gall-bladder.

Case of George R., aged 40, who died from a fall fracturing the ribs. Prep. of gall-bladder, 1958; and of sterno-clavicular articulation, 1292⁹⁰.

5. Green Inspec. Book, p. 138.

1968. Two black biliary calculi; they appear to have been subjected to attrition in the gall-bladder.

Analysed by Dr. G. Bird, and found to be composed of inspissated bile, mixed with cholesterine in nearly equal proportions.

1969. Black biliary calculus of about the size of a nutmeg.

1970. Several irregular biliary calculi, described as originally of a dark color.

- 1970⁰⁵. Five biliary calculi, some of them of considerable size, of a dark color externally, and of a friable texture; they appear to consist of inspissated bile mixed with cholesterine.

From a gentleman, aged 55, actively engaged in business. Some time before death troubled with diuresis; five or six months taken very ill with gastric symptoms; a short time before death had pain in his head, and afterwards coma. There was effusion of blood on the dura mater. See 1593⁷⁵, mottled kidneys.

11. Green Inspec. Book, p. 97.

1971. Dark-colored biliary calculus, externally minutely crystallized.

Mary H., aged 45, affected with cancerous disease of the liver, and jaundice.

4. Green Inspec. Book, 124. See Prep. of liver, 1929.

- 1972⁵⁰. Small dark-colored biliary calculi, several of which have a mammillated surface.

1973. Biliary calculi of a mixed character, consisting partly of inspissated bile and partly of cholesterine.

1973²⁵. Numerous angular gall-stones of various shapes, and light in color; composed of cholesterine and inspissated bile.

From S. L., aged 55, who died from cancerous disease of the peritoneum.

See Prep. of omentum, 2469⁸⁴; and Drawing 459; of uterus, 2266⁴².

10. Green Inspec. Book, p. 116.

1973⁴⁰. Several pale biliary calculi with smooth facets.

From Mrs. D., who died from cancerous disease of the liver. The gall-duct was obliterated, and the distended gall-bladder compressed the duodenum.

2. Note Book, p. 37. Presented by Mr. D. Tyerman.

1973⁵⁰. Numerous biliary calculi, some rounded, others angular, and consisting of inspissated bile and cholesterine.

Presented by Dr. Stroud.

1973⁷⁵. Four biliary calculi of an irregular shape, composed of cholesterine and inspissated bile.

See Prep. of kidney and renal calculi, 2073⁸⁰ and 2218⁸⁰.

Presented by Mr. Camplin, Finsbury Square.

1973⁸⁰. Several irregularly nodulated biliary calculi, black in color, apparently composed of inspissated bile.

1974. Four biliary calculi with smooth facets, the nucleus of inspissated bile, surrounded by cholesterine, by phosphate of lime and fat.

Analysed by Dr. G. Bird.

1974⁵⁰. Small biliary calculi, which had passed through the ducts into the intestines, and were found in the motions.

Mr. Bryant's Catal., No. 73, p. 88.

1975. Numerous small biliary calculi of pale color, probably cholesterine.

1975³². A gall-bladder dried, containing several rounded calculi of pale color, composed of cholesterine.

Presented by Mr. H. R. Hillicr.

1975⁴⁰. A gall-bladder, containing several large calculi, composed in part of inspissated bile.

1975⁵⁰. A gall-bladder filled with numerous angular calculi.

Presented by Mr. T. W. King.

1975⁶⁴. Gall-bladder with its ducts, dried, and containing very small angular calculi.

Presented by Mr. H. R. Hillier.

1975⁸². Numerous biliary calculi with the gall-bladder dried.

Mr. Bryant's Catal., No. 19, p. 10.

1976. Biliary calculi, composed of cholesterine, inspissated bile, fat, albumen, and phosphate of lime; spec. grav. 1.14.

Analysed by Dr. G. Bird.

1976⁵⁰. A small firm crystalline biliary calculus, composed of cholesterine.

Mr. Bryant's Catal., No. 11, p. 8.

1977. Biliary calculus, consisting of cholesterine. The patient had cancerous disease of the stomach.

Presented by Dr. Alderson.

1977²⁵. Biliary calculus, about half an inch in its long axis, consisting chiefly of cholesterine; spec. grav. 0.95.

Analysed by Dr. Bird.

1977⁵⁰. Section of biliary calculus of an ovoid figure, and consisting of nearly pure cholesterine; spec. grav. 0.9.

Analysed by Dr. Bird.

1977⁵¹. Biliary calculus passed by a man per rectum; he had suffered during many days from severe symptoms of local obstruction.

Presented by Mr. W. H. Turner of Bermondsey.

1977⁷⁵. Several biliary calculi of various sizes, and irregular figures, consisting of impure cholesterine.

Presented by Dr. Stroud.

1977⁸⁶. Six small dark calculi from the gall-bladder.

From Mr. M., who died from disease of the lungs.

Mr. Bryant's Catal., No. 9, p. 7.

1978. Very large biliary calculus, apparently consisting of cholesterine and some inspissated bile; it entirely filled the gall-bladder, and has taken the impression of it and of the commencement of the cystic duct.

From the body of an elderly lady. Presented by Mr. Callaway.

1978⁵⁰. Biliary calculi, principally consisting of cholesterine, from the ducts of a liver affected with cancerous disease.

See Prep. of the liver, 1920^{20, 40}. Presented by Mr. Callaway.

1979. Biliary calculus, consisting chiefly of cholesterine; it was found in the common bile duct.

1979¹⁰. Biliary calculus, consisting of cholesterine.

From a man aged 44, who died of general paralysis.

Presented by Dr. Tyerman, Colney Hatch.

1979²⁰. Biliary calculi, composed principally of cholesterine.

The upper portion from Margaret W., aged 72, who died from femoral hernia. The lower portions from Esther W., aged 37, who died from suppurating ovarian cyst, &c.

Record of Inspec., No. 31, 1855, and No. 248, 1854.

See Preps. 1859³⁵ colon, and 2092⁶⁰ of uterus.

1980. Biliary calculus, consisting chiefly of cholesterine; well crystallized internally, less so externally, where it is much mixed with coloring matter.

1982. Biliary calculi, consisting chiefly of cholesterine, but having a dark-colored nucleus.

1983. Biliary calculus, consisting chiefly of cholesterine, of an elongated figure, and mammillated on its surface.

1984. Numerous angular biliary calculi, consisting of inspissated bile, and covered with a crust of cholesterine mixed with fat.

Analysed by Dr. G. Bird.

1985²⁵. Four biliary calculi of a dark color, with several smooth facets.

From William S., aged 48, an actor, of intemperate habits, who died from cerebral disease.

See Prep. of tumor on the neck, 1395⁵⁰; of brain, 1564⁷⁵, 1585²⁵; and of heart, 1655³⁰. 9. Green Inspec. Book, p. 63.

1985⁵⁰. Biliary calculus of the size of a small walnut; it appears to consist chiefly of cholesterine.

1985⁷⁵. Biliary calculus of the size of a small walnut; it appears to consist chiefly of cholesterine.

1986. Biliary calculus lodged in the ileum, which caused death by enteritis.

1986⁵⁰. Two biliary calculi, which led to fatal obstruction.

Presented by Dr. Addison.

1986⁵⁵. Large biliary calculus, firmly impacted about thirty inches from the pylorus, which led to fatal obstruction on the sixth day.

Case of Mrs. S., aged 59, a very stout woman. Three months before death had pain in the side, with febrile symptoms; vomiting came on six days before death; there was no abdominal pain or tympanitis, and the urine was moderate in quantity. On inspection, at the lower surface of the liver were found fibrinous adhesions; the gall-bladder was almost obliterated, adherent to the duodenum and ulcerated; the opening into the duodenum was below the bile duct.

Presented by Mr. Pye Smith.

1987. Two very large biliary calculi, the one nearly globular, the other conical, but concave at its base to fit the former. They appear to have filled the gall-bladder, and to consist of cholesterine. They were passed per anum by a middle-aged lady, who afterwards enjoyed good health.

Presented by Mr. T. Newington of Spital Square.

1987³². Two biliary calculi, which made their escape by an abscess at the umbilicus.

From a female patient of Mr. Callaway's, and presented by him.

1987⁵⁰. Numerous biliary calculi, of various sizes and irregular shapes.

Presented by Dr. Gull.

1987⁵¹. Numerous minute biliary calculi.

Presented by Dr. Gull.

1987⁵². Several biliary calculi, composed partly of inspissated bile.

Presented by Dr. Gull.

1987⁵⁵. Three biliary calculi, mammillated and composed of cholesterine.

Taken from the gall-bladder of a man, aged 56, who died from suppurative inflammation of the kidneys, and calculus in the urinary bladder; the vesical calculus was removed the day before his death by Mr. Cock.

Record of Inspec., 119. 1856.

PANCREAS.

1987⁶⁴. Pancreas of remarkably small, and somewhat irregular figure.

1987⁸². Portion of pancreas, a part of which is described as tumid and gelatinous, the rest gangrenous.

1987⁸³. Portion of the same pancreas as 1987⁸², in a state of gangrene.

1987⁸⁴. Another portion in a similar condition.

1987⁸⁵. Soft parts from the neighbourhood of the same pancreas; many lobules of fat appear as if changed into adipocere.

1988. Head of the pancreas, greatly enlarged by cancerous disease; the pancreatic duct much distended, but nearly closed at its opening into the intestine.

1988⁵⁰. The duodenum and pancreas, the latter contracted and indurated; its duct is exposed and much dilated.

Presented by Dr. Bright.

1988⁷⁵. Hard cancerous infiltration of the head of the pancreas; there is a small growth in the splenic vein.

1988⁷⁶. Cancerous infiltration of the head of the pancreas; a portion of the liver and of the duodenum are attached, showing firm adhesion, and disease of the adjoining glands.

Case of Jane B., aged 60; admitted August, 1855. She had been ill for nine months; the first symptom was dysphagia, and on admission a tumor could be felt at the scrobiculus cordis; the vomiting was occasionally very distressing; she gradually sank.

Record of Inspec., 1856, No. 70. See Prep. of œsophagus, 1793³³.
Guy's Reports, 1856, p. 224.

1989. Pancreas affected with cancerous disease (scirrhus); the pancreatic and biliary ducts much enlarged.

1989⁵⁰. Part of the pancreas and spleen; the pancreas is of irregular figure, much contracted towards the spleen; it was considerably indurated, and its duct almost obliterated; it was implicated in a mass of glands enlarged by cancerous disease; there was also cancerous disease of the small intestine.

Case of Mary G., aged 23. Her most marked symptoms were an irritable condition of the stomach, and fatty stools.

See Prep. 1845⁰. 10. Green Inspec. Book, p. 163.

1989⁷⁵. Pancreas, the head of which is affected with soft vascular cancer, and a peduncular growth was also found in the splenic vein.

1990. Portion of the stomach and duodenum, showing a small gland, in structure resembling the pancreas, but without any duct, situated under the mucous membrane of the stomach, about three inches from the pylorus; the pancreas itself normal.

From John B., who died in the hospital from apoplexy and diseased vessels. See Prep. 1463.

4. Green Inspec. Book, p. 60.

1990⁵⁰. Part of a duodenum and pancreas, with two pancreatic ducts; one opening with the bile duct, the other, the

smaller, terminates about an inch and a half from it, and belongs to a supplementary pancreas. The first was filled with bile.

From James J., aged 34, who died from Asiatic cholera, 1832.

3. Misc. Inspec. Book, p. 132.

1990⁵⁵. Colloid infiltration of nearly the whole of the pancreas.

Case of John C., aged 56, under Dr. Wilks' and Dr. Rees' care, with pain in the back and abdomen; a tumor in the umbilical region was felt before death; his emaciation was extreme; the bowels were constipated; the omentum was infiltrated with cancer.

Record of Inspec., No. 221. 1854.

1991. Pancreas, containing two or three large cysts, which were filled with fluid resembling turbid saliva; but no communication with the duct could be detected.

Case of W. B., aged 50, who died from diseased kidneys, see Prep. 2043; there were also cicatrices in the gall-bladder, see Prep. 1957.

4. Green Inspec. Book, p. 92. Presented by Dr. Babington.

1991³². Portion of liver, containing numerous cancerous masses, several of a yellow color, and one of them in a state of softening, communicating with the duodenum; the biliary ducts in the liver greatly enlarged; the gall-bladder thickened and ulcerated; the pancreas partially indurated and contracted, its duct obstructed near its termination; it is elsewhere distended to the size of a goose quill.

The patient, William D., aged 47, died from obstinate jaundice.

6. Green Inspec. Book, p. 111.

1991⁶⁴. Cicatrix in the stomach, with a sinuous opening from the pancreatic duct; the duodenal orifice remains free.

Presented by Dr. Bright.

1991⁸⁰. Head of the pancreas, its duct dilated and containing calculi.

From James A., aged 48, who died from epilepsy and diabetes.

18. Misc. Inspec. Book, p. 230.

1992. Small pancreatic calculus.

1992⁵⁰. Small pancreatic calculi, rounded, white, and granular;

consisting of oxalate of lime, phosphate of lime, and phosphate of magnesia.

Analysed by Dr. G. Bird. Presented by Mr. Hilton.

SPLEEN.

1993. Small spleen, much notched, with a small supernumerary spleen.

1993²⁰. Small spleen, weighing at the time of inspection only two ounces.

Case of Thomas S., aged 50; admitted under Dr. Bright's care with urgent dyspnœa and anasarca; coma followed. On inspection, blood was found effused between the dura mater and arachnoid. Prep. 1593⁵⁰, and Drawing 79. The kidneys were small and much degenerated.

Prep. of bronchi, 1717⁶⁴. 7. Green Inspec. Book, p. 1.

1993⁴⁰. Spleen, cleft with numerous deep fissures, and remarkably small in size, weighing only 1 oz. 5 dr. 4 gr.

Case of Mary M., aged 50. A year before her death, Dr. Blundell removed the uterus for cancerous disease of that organ; she died from insuperable constipation.

See Drawing of the vagina, 395; and of the position of the abdominal viscera, 393. Prep. of viscera of pelvis, 2259²⁰; and of atrophied kidney, 2022¹⁴.

7. Green Inspec. Book, p. 137.

1993⁶⁰. Spleen, considerably enlarged, and having numerous deep clefts; there are two small accessory spleens, with a portion of omentum attached to them.

1993⁸⁰. Small accessory spleen imbedded in the substance of the pancreas.

1994. Hypertrophied spleen, weighing 5 lbs. 14 oz.

From Mary T., aged 41, who had ascites, hypertrophy of the heart, &c.
Old Museum Book, No. 100.

1994⁵⁰. Hypertrophy of the spleen; the specimen is injected.

From a married woman, aged 28, of intemperate habits. When the abdomen began to swell, two years before death, she had cessation of menses, and nausea in the morning; and she was believed to be pregnant: this was found not to be the case on vaginal examination. General anasarca came on before death.

Presented by Mr. Chapman. 18. Misc. Inspec. Book, p. 70.

1995. Spleen indurated and enlarged; the liver, which forms a part of the preparation, is very much indurated and contracted, and its figure very much contorted and tuberosc.

1996. Spleen enormously enlarged.

From a patient of Dr. Curry's. Old Museum Book, No. 101.

1996²⁵. Section of an enormously enlarged spleen.

From a patient who died from hæmorrhage.

Presented by Mr. B. B. Cooper.

1996⁵⁰. Portion of spleen, with a remarkable foramen, through which a portion of omentum passes.

1996⁷⁵. Portion of spleen, which appears to have been macerated.

1999. Spleen somewhat enlarged, and containing an abscess which discharged itself into the transverse arch of the colon.

Case of Ann C., aged 25, admitted under Dr. Bright's care in 1825. She was much emaciated, of peculiar sallow complexion, and anxious countenance; she had great uneasiness and pain in the abdomen, more particularly at the scrobiculus cordis and right hypochondrium; food increased the pain; the vomiting was constant, sometimes directly after the food had been taken; there was also occasional bilious vomiting; tongue dry and glossy; she gradually sank. On inspection, the lungs and heart were found to be sound; the liver was hard and granular; the spleen firmly adherent to the transverse colon; there was also an abscess in the left ovary.

See Guy's Reports, 1838, p. 426; and Mr. Key's Record of Inspections.

1999²⁵. An enlarged spleen, containing a cavity of considerable size, produced by an abscess.

From a patient of Dr. Bright's.

1999⁵⁰. Spleen with part of the liver and diaphragm attached; there was a circumscribed cavity occupying the greater part of the convex portion of the spleen, which was superficially soft-

ened and gangrenous; the cardiac extremity of the stomach was perforated, but the opening was blocked by lymph; the iliac and femoral veins and the cava contained yellowish-white coagula, with purulent-looking fluid.

From Ann H., aged 21, admitted under Dr. Bright's care, January, 1829. She was a housemaid, and had been repeatedly bled for supposed carditis; her chief symptoms were depression and vomiting.

Guy's Reports, 1838, p. 428. 7. Green Inspec. Book, p. 121.

- 1999⁷⁵. Spleen, in which were numerous ecchymosed spots; they were placed transversely, and believed to be referable to external injury.

From Mary H., who was admitted into Guy's with mania.

10. Green Inspec. Book, p. 103.

2000. Section of a spleen, showing a circumscribed yellowish-white fibrinous effusion (apoplexy).

From James S., aged 32, a muscular sailor, admitted in 1827. For three weeks he had suffered from urgent dyspnoea; the pulse exceedingly rapid and intermittent; the mitral valve was found to be contracted and ossific.

2. Green Inspec. Book, p. 32.

2001. Section of spleen, showing circumscribed fibrinous effusion (apoplexy).

From James S. See preceding No. 2000.

2002. Spleen, presenting a circumscribed fibrinous effusion, extending to the surface of the spleen; it is bounded by a defined line and slight depression; there are also a few semi-cartilaginous spots on the surface.

From William H., aged 46, admitted with anasarca and epilepsy. The kidneys were found mottled and degenerated; inflammation of arachnoid pleura and pericardium; the cardiac valves healthy.

3. Green Inspec. Book, p. 64.

2003. Section of spleen, presenting fibrinous effusion, rather less defined and circumscribed than in the preceding specimens.

From Daniel P., aged 34, who died from renal anasarca; the valves of the heart stated to be healthy.

See Prep. of liver, 1913. 1. Green Inspec. Book, p. 157.

2003⁵⁰. Spleen, with a puckered depression on its convex surface, corresponding with a deeply imbedded indurated portion placed transversely; it appeared to be the advanced state of fibrinous effusion (apoplexy).

From George L., aged 38, who died from pneumonia. There were vegetations on the surface of the mitral.

11. Green Inspec. Book, p. 172.

2004²⁵. Spleen, in which there is partial softening and fibrinous condensation; the softening appears to be the disintegration of fibrinous or apoplectic effusion.

From Martha N., aged 25, admitted 1828. The heart was dilated, but the valves are stated to have been healthy; kidneys pale, and contained a white fibrinous mass.

6. Green Inspec. Book, p. 149.

2004³⁰. Spleen, in which there is nearly general disintegration, from obstruction of the artery, effused fibrin, and softening.

Case of John E., aged 46, admitted under Mr. Hilton's care, October, 1854. Three years before he had a small tumor at the lower part of the neck; this increased in size, and sloughed; a portion of slough was removed, and was followed by much hæmorrhage and death. On inspection, the thyroid was found to consist of a mass of cancerous nuclei; Prep. 1711⁶⁵. There were vegetations on the aortic valves, 1417⁵, softened in the centre. See Drawing of spleen, 350⁵¹, and 350⁵².

Record of Inspec., No. 214. 1854.

2005. Spleen, degenerated with lardaceous deposit throughout the substance.

Case of James D., aged 18; admitted under Mr. Hilton's care, 1856, with chronic disease of the hip; abscesses formed around the joint, and dysenteric diarrhœa came on. On inspection, there was minute granular deposit on the pleura, but no true tubercles; the liver was lardaceous, Prep. 1896²⁵; so also the kidneys.

Record of Inspec., No. 71. 1856.

2005²⁵. Section of a spleen, with lardaceous deposit throughout its substance.

Case of Ann O., aged 47; admitted into Patience ward with syphilitic disease of the bones of the face; became gradually semi-comatose. On inspection, the kidneys were found to be white and mottled; the capsule of the liver contracted; there was no disease of lungs or heart.

Record of Inspection, No. 54. 1855.

2005⁵⁰. Section of a spleen greatly enlarged, with numerous semi-transparent lardaceous masses throughout its substance.

Case of William B., aged 30; admitted with suppuration in the axilla after syphilis; four months before his death ascites came on. The kidneys were slightly mottled; the liver shrunken, irregular, and apparently lardaceous; many of the lymphatic glands were enlarged at the apex of the lung was a calcareous mass.

1. Misc. Inspec. Book, p. 101.

2005⁷⁵. Section of a spleen, in which semi-transparent lardaceous deposit is almost general.

2006⁶⁴. Spleen, with numerous miliary tubercles scattered throughout its substance. The lungs of the same child were loaded with miliary tubercles.

See Prep. 1735²⁵. Presented by Sir A. Cooper.

2007. Portions of spleen, liver, and lungs, containing strumous tubercles.

From a negro, who died under Dr. Cholmeley's care with symptoms of phthisis.

Old Museum Book, No. 6.

2008. Spleen containing numerous strumous tubercles.

From a native of Owyhee, who was admitted into Guy's with a large abscess, from suppurating glands in the axilla; the mesenteric glands were enlarged, and there were miliary tubercles in the lungs.

See Preps. of skin, No. 420 and No. 422; and skeleton, No. 890.

1. Green Inspec. Book, p. 22.

2008⁵⁰. Spleen, very thickly studded with strumous tubercles.

From George B., aged 6, who, about two months after measles, suffered from cough, and gradually emaciated. On admission there were signs of bronchitis. On inspection, tubercles were found in the lungs, see Prep. 1737²⁵; in the liver, Prep. 1915; and in the kidneys. None in the brain.

Record of Inspec., 1856. No. 132.

2008⁵⁵. Section of spleen, showing numerous minute strumous tubercles; one portion had broken down, and formed an abscess; there was tubercular disease of the lungs, glands, and of the liver.

Case of William R., aged 37; admitted under Dr. Hughes' care, February, 1856. He had been a sailor, and was exceedingly ill on admission; was semi-jaundiced, and passed into a typhoid condition.

Prep. 1915²⁵. Record of Inspec., No. 47. 1856.

2009. Spleen, and part of the pancreas, containing numerous small white tubercles, hard and firm in structure. The absorbent glands of the pancreas enlarged and indurated.

From Joseph S., about 9 years of age, admitted with ascites; his brother had died from phthisis. There were a few tubercles in the arachnoid and in the lungs, and peritonitis. See Prep. of absorbent lumbar glands, 1558.

1. Green Inspec. Book, p. 107.

- 2009⁵⁰. Section of a much-enlarged spleen, loaded with numerous tubercles of various sizes, and of a firm white texture.

Case of Ellenborough K., aged 10. There were enlarged glands in the neck. See Prep. 1541¹². Some of the mesenteric glands were slightly enlarged. There were no tubercles in the lungs.

6. Green Inspec. Book, p. 156.

2010. Portion of spleen, with two small rounded masses of bone imbedded in its substance. (Phlebolithe?)

- 2010²⁵. Sections of spleen containing minute globular ossicles.

- 2010⁵⁰. Spleen, with several irregular cells, the largest of which is about the size of a pigeon's egg. They appear to be dilatations of natural structure, rather than hydatid cysts.

Case of Charles B., aged 45, who died from phthisis. See Prep. of lungs, 1742²⁴.

10. Green Inspec. Book, p. 11.

2011. Spleen, with a tubercle, apparently cancerous, imbedded in its substance.

- 2011⁵⁰. Section of a spleen, with a large fungoid tubercle in its substance.

Case of Ann B., about 35 years of age, with cancerous disease of the liver, omentum, &c. See Prep. of liver, 1928³²; of uterus, 2266⁴⁸, 2266⁵⁴; of omentum, 2469²⁸; and Drawing of uterus, 397.

8. Green Inspec. Book, p. 59.

2012. Enlarged spleen, containing a circumscribed cancerous tumor.

From a man who had paraplegia from cancerous disease of the vertebræ. See Prep. of spine, 1028 ; of sternum, 1042 ; of pericardium, 1449 ; of glands, 1554, 1548 ; of pleura, 1782.

Mr. Key's Record of Inspections.

- 2012²⁵. Section of a spleen enlarged, and containing many small cancerous tubercles.

- 2012⁵⁰. Portion of spleen, containing melanotic tumor.

From the body of a young European female who died at St. Vincent's. The disease commenced in one of the mammæ, which was extirpated, but she sank soon afterwards.

Fort Pit Museum.

2013. Spleen, with a dense fibrinous contraction on the surface, resembling cartilage. There is a considerable puckered depression at the part.

Case of Sarah K., aged 30, who died from psoas, abscess, and phthisis.

4. Green Inspec. Book, p. 102.

- 2013²⁵. Spleen, with dense fibrinous thickening on its surface.

Presented by Mr. B. B. Cooper.

- 2013⁵⁰. Portion of spleen, with dense fibrinous thickening on its convex surface.

- 2013⁷⁵. Spleen, with a remarkably thick fibrinous patch on its convex surface.

From Elizabeth C., who died from hernia. See intestine, 1826⁴⁰.

9. Green Inspec. Book, p. 1.

2014. Spleen, with a dense fibrinous patch on its surface.

2015. Spleen, somewhat enlarged, with a dense fibrinous patch of considerable size on its surface. There is some laceration of the substance, but this was post-mortem.

2017. Spleen of a child, ruptured by a cart passing over the body. The child lived nearly two days.

Case of Ann F., aged 9; the thigh was also fractured. Follicles of intestine, Prep. 726.

1. Green Inspec. Book, p. 72.

2018. Spleen, which had been lacerated a week before death; the wound was about one and a half inches long, and was filled with firm, hard coagulum, partly decolorized. It somewhat resembled splenic apoplexy in heart disease.

From Elizabeth F., aged 45; admitted under Mr. Hilton's care, May, 1855. She was riding upon a van with goods and fell upon the ground, and a chest of drawers fell upon her; the leg, ribs, and clavicle were fractured, and the liver ruptured.

Record of Inspec., No. 101. 1855.

2019. Spleen, lacerated and broken down from an accident.

From a child, aged about 12, who survived about three quarters of an hour.

- 2019⁵⁰. Spleen, ruptured by an accident, which the patient survived twelve days. A large coagulum of blood formed within the tunic, and there are numerous peritoneal adhesions in the immediate neighbourhood, but sanguineous effusion ultimately took place; there is a chronic ulcer of the stomach near the lesser curvature.

Case of Thomas S., admitted in 1830 under Mr. Morgan's care. A carriage had passed over his body; three of the ribs on the left side were fractured.

10. Green Inspec. Book, p. 36. See Drawing of spleen, 353.



